



INFORMATION RELEASE PERSON AUTHORIZATION

Use this form to designate one or more individuals to receive verbal information about your GET Account (information release person). We will not share your Login or Password with this individual.

Current Account Information

Account Number _____

Account Owner _____
Name

SSN or TIN _____

Student Beneficiary _____
Name

SSN or TIN _____

Information Release Person Information

1.

2.

Add

Remove

Add

Remove

Name (First, Middle, Last, Suffix)

SSN or TIN

Birth Date

Street Address/Apartment Number

Post Office Box Number

City / State / Zip Code

Email Address

Telephone Number(s)

Home

Work

Home

Work

Account Owner's Signature - Required

Only the account owner may authorize changes to this account.

By signing this form, I hereby certify and acknowledge that. The information in this form is true, complete and accurate. I authorize GET, its agents and affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my Account.

Account Owner's Signature

Date

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

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Questions: GETInfo@wsac.wa.gov or 1.800.955.2318