



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 and this person may not make any changes to your account.

Current Account Information

Account Number _____

Account Owner _____

Student Beneficiary _____

Name _____ SSN or TIN _____

Name _____ SSN or TIN _____

Information Release Person Information

	1.		2.	
	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> 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 _____