



AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

RETURN THE COMPLETED FORM TO:

University Accounting Service
PO Box 932
Brookfield, WI
53008-0932

THIRD PARTY INFORMATION

Name					
Address					
City		State		Zip	
Country					
Phone Number					

BORROWER INFORMATION

I understand that I may withdraw this authorization at any time by contacting UAS. I will not hold UAS or UHEAA responsible for information shared with someone reasonably believed to be the person named above. I understand a signed and completed copy of this document is as valid as the original.

By signing this document, I hereby authorize UHEAA and its agents and contractors to contact me regarding my request on my loans, including repayment of my loans, at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated dialing equipment or artificial or prerecorded voice or text messages.

Name

Account
Number

Signature

Date
