



Office of Student Financial Services - Loan Collections

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Phone: 713-500-3300
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FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)
STUDENT LOAN INFORMATION RELEASE FORM

If you wish specific loan information to be released to another person (i.e., parent or spouse), per Federal Regulations you must provide written authorization. Release authorization forms will be sent to you upon request.

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON TO RELEASE INFORMATION REGARDING MY STUDENT LOANS TO: (please print or type)

First and last name, relationship and phone number

First and last name, relationship and phone number

I DO NOT WANT INFORMATION RELEASED TO ANYONE OTHER THAN MYSELF.

Applicant Information

Full Name: Last First M.I. Date:
Address: Street Address Apartment/Unit #
City State ZIP Code
Phone: () E-mail Address:
Social Security No.:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: Date: