



AUTHORIZATION TO RELEASE NONPUBLIC INFORMATION

You may authorize the Georgia Student Finance Commission, the Georgia Student Finance Authority and/or the Georgia Higher Education Assistance Corporation to release nonpublic information in your files by completing the following:

I, the undersigned, hereby authorize the release of all pertinent information to _____ to make an inquiry on my behalf to the Georgia Student Finance Commission, the Georgia Student Finance Authority and/or the Georgia Higher Education Assistance Corporation. This authorization shall be valid for one (1) year from the date executed.

Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security/Other ID No. _____

Telephone No. _____

Signature _____ Date _____