



THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

Office of Student Financial Services

P.O. Box 20036 Houston, Texas 77225

Phone: 713-500-3300

Fax: 713-500-3303

**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: _____ Date: _____

Last *First* *M.I.*

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: _____