

**The University of Texas at Austin
Loan Services
PO Box Q
Austin, Texas 78713-8917**

Due to the **Family Educational Rights & Privacy Act (FERPA)**, we are unable to release information concerning your student loan(s) without the written consent of the borrower. Your signature below will allow us to release specific loan information to the party(s) identified below.

I HEREBY AUTHORIZE THE UNIVERSITY OF TEXAS AT AUSTIN TO RELEASE INFORMATION REGARDING MY NURSING FACULTY STUDENT LOANS TO:

PLEASE PRINT CLEARLY

NAME:

RELATIONSHIP:

Borrower's name: _____

*UT EID or SSN: _____

Street Address: _____ APT # _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____.

Email address: _____

Borrower's signature: _____ Date: _____

* If you do not know your UT EID, disclosure of your Social Security number (SSN) is requested from you in order for The University of Texas at Austin to process this form. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN, however, may result in a delay in processing. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.