



# BORROWER AUTHORIZATION OF THIRD PARTY

Thank you for your request to release your educational loan account information and authorize a third party to act on your behalf. In order for HUECU to honor this request, we must receive your written permission to do so.

Please complete the information on this page and visit [www.huecu.org](http://www.huecu.org) to upload your document using the [Document Uploader](#) located at the top of our Applications & Forms page or send this page to HUECU via fax (617.998.9760), or mail to:

Harvard University Employees Credit Union  
Attn: Educational Lending Department  
P.O. Box 382609  
Cambridge, MA 02238

## BORROWER INFORMATION

Name					Date of Birth						
SSN or Account Number											
Address Line 1											
Address Line 2											
City			State			Zip code			Country		
Email					Work Number						
Home Number					Cell Number						

I hereby authorize HUECU to release, and discuss all information related to my educational loan(s) without limitations to:

## THIRD PARTY INFORMATION

Name														
Relationship to Borrower														
Address Line 1														
Address Line 2														
City				State				Zip code				Country		
Email					Work Number									
Home Number					Cell Number									

I understand that I am providing consent for the above mentioned person or organization to act on my behalf in all matters related to my HUECU educational loan(s), including the signing of all documents associated with my account(s). Any and all acts carried out by the above- mentioned person or organization on my behalf shall have the same effect as acts of my own. I understand that I may, at any time, withdraw this directive as long as I do so in writing.

I release HUECU, its officers, employees, contractors, affiliates and related personnel, both individually and collectively, from any and all liability for claims related to or arising out of any disclosure to the above- mentioned person or organization. I state, under penalty of perjury, that I am the individual whose records are covered by this authorization.

<b>BORROWER SIGNATURE</b>					<b>DATE</b>		
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