INFORMATION RELEASE PERSON AUTHORIZATION

GUARANTEED EDUCATION TUITION

Use this form to designate one or more individuals to receive verbal information about your GET Account (information release person). We will not share your Login or Password with this individual and this person may not make any changes to your account.

Current Account Information

Account Number _____

Account Owner _____ (Name) _____ (SSN or TIN)

Student Beneficiary _____ (Name) _____ (SSN or TIN)

Information Release Person Information

	1. ☐ Add ☐ Remove	2. ☐ Add ☐ Remove
Name (First, Middle, Last, Suffix)		
SSN or TIN		
Birth Date		
Street Address/Apartment Number		
Post Office Box Number		
City / State / Zip Code		
Email Address		
Telephone Number(s)	Home Work	Home Work

Account Owner's Signature - *Required*

Only the *Account Owner* may authorize changes to this account.

By signing this form, I hereby certify and acknowledge that the information in this form is true, complete and accurate. I authorize GET, its agents and affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my account.

Account Owner's Signature _____ **Date** _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

Rev 11/2017 **Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318