



State Grant and Special Programs
 Phone: 1-800-692-7392 Fax: 717-720-3786
 1200 North Seventh Street, Harrisburg, PA 17102-1444

**THIRD PARTY AUTHORIZATION FOR RELEASE OF STATUS INFORMATION
 NEW ECONOMY TECHNOLOGY SCHOLARSHIP (NETS) PROGRAM**

Instructions: Complete this form and return it to the Pennsylvania Higher Education Assistance Agency (PHEAA) to allow access by a third party to your record(s) for the New Economy Technology Scholarship (NETS) Program. This form must always be signed by the applicant. If your parent(s) or stepparent(s) were required to provide information on your application for the NETS Program, their signature(s) must also be provided.

Printed Name of NETS Applicant/Recipient: _____

Social Security Number of NETS Applicant/Recipient: _____

OR

Applicant/Recipient Account Number: _____

I/We hereby authorize the Pennsylvania Higher Education Assistance Agency (PHEAA) and American Education Services (AES), an unincorporated division of PHEAA to release information about my account for the New Economy Technology Scholarship (NETS) Program, including personally identifying information, and my relationship with PHEAA/AES to the individual(s) listed below. I/we understand and agree that by authorizing PHEAA/AES to release any and all information to the individual(s) named and listed below, I/we assume full responsibility for the named individual(s) having access to any information maintained by PHEAA/AES relating to me. It is my responsibility and not that of PHEAA/AES to revoke my authorization(s) if at any time I/we no longer wish to authorize PHEAA/AES to release information about me to the individual(s) designated below. I/We hereby expressly agree that PHEAA/AES shall not be responsible for any damages in any form so arising that I/we may incur related to my authorization(s) of PHEAA/AES to release information to the individual(s) listed below. This authorization(s) shall be limited only to the release of information and PHEAA/AES will not, based on this authorization alone, knowingly permit the individual(s) designated below to take action on my behalf related to or arising from my relationship with PHEAA/AES. This authorization does not apply to the release of information about me through PHEAA/AES's Website(s) and online functionality. Release to:

Name: _____ Title: _____
 (Please Print)

Address: _____

 Signature of NETS Applicant/Recipient Date

 Signature of Parent or Stepparent Date

Return this completed form to: PHEAA - NETS
 P.O. Box 8157
 Harrisburg, PA 17105-8157

FOR PHEAA USE ONLY

Logged _____

Initials _____

