Memo

To: High School Administrators
From: Christine A. Zuzack
Vice President, State Grant and Special Programs
Date: October, 2010
Re: Remote Access Agreement and Authoritative Source Form

Pennsylvania Higher Education Assistance Agency (PHEAA) believes that protecting the security of your students’ information is of the utmost importance. Therefore our Remote Access Agreement is designed to achieve the highest security standards. Please review and complete the attached agreement in a timely manner.

This agreement must be completed, in its entirety, by an individual at your school with legally binding authority. The language within this agreement cannot be modified.

Important instructions to note:

- If the school district superintendent is the binding authority, the organization name and address should be the high school’s name and address, not the school district.
- Please complete EXHIBIT 1 with each school code and campus location to be covered by the agreement. (if appropriate)
- If your institution has not yet established an Authoritative Source, you MUST also complete the attachment entitled ‘Request for Authoritative Source Status’ in order to gain access.

Please return the agreement, via mail, as we do require an original signature to:

PHEAA
State Grant and Special Programs HQ 4C 2
1200 N. 7th Street
Harrisburg, PA 17102

If you require an official copy of the completed agreement, please complete two copies and return both to us. We will return a completed version to you once it has been processed and accepted.

If you have any questions concerning these materials, please contact State Grant and Special Programs staff at 1-800-443-0646, Option 3, Option 1, a private number reserved for the use of financial aid administrators and high school personnel.

CAZ/ph/kmm

High School RAA InstructionsWexamples.High School Access
Remote Access, Confidentiality and Indemnification Agreement and Authentication (RAA)

The **RAA Required Data Elements – PAGE 1:**

1. The **Date** field should be left blank.

2. In the **Name of Organization** field, enter name of the high school requesting access.

3. Enter the **Principal Address** for the high school requesting access.

**NOTE:** If the school district superintendent is the binding authority, the organization name and address should be the high school’s name and address, not the school district.

The **RAA Required Data Elements – PAGE 5:**

1. In the **If to Organization: Attention:** field enter the name of the person any notice or other communication should be addressed to.

**REMOTE ACCESS, CONFIDENTIALITY AND INDEMNIFICATION AGREEMENT and AUTHENTICATION**

**THIS REMOTE ACCESS, CONFIDENTIALITY AND INDEMNIFICATION AGREEMENT and AUTHENTICATION** (this “Agreement”) is made as of this ________ day of _______________, 20______, by and between the Pennsylvania Higher Education Assistance Agency, an agency of and on behalf of the Commonwealth of Pennsylvania, having an address at 1200 North 7th Street, Harrisburg, Pennsylvania 17102-1444 (“PHEAA”), and the organization identified below by name and principal address (“Organization”).

**NAME OF ORGANIZATION:** Local High School

**PRINCIPAL ADDRESS:**

123 Main Street

PO Box 123

Harrisburg, PA 17011-0123

8. **NOTICES.** Any notice or other communication required or that may be given under this Agreement shall be in writing and delivered to the addresses set forth above. Notice shall be sent via overnight courier or registered or certified mail, return receipt requested, postage and express charges prepaid, and shall be considered delivered and effective three (3) days after mailing.

If to PHEAA: Attention: VP, State Grant and Special Programs

and

Attention: General Counsel

If to Organization: Attention: Jan R. Binding Authority
The RAA Required Data Elements – PAGE 8:

1. On the blank line, enter the Name of the Organization.

2. In the By field, enter the signature of the person with binding authority for the institution.

3. In the Name field, enter the printed name of the person with binding authority for the institution.

4. In the Title field, enter the title of the person with binding authority for the institution.

5. In the Federal Tax Identification Number field, enter the nine digit federal tax identification number.

The RAA Required Data Elements – PAGE 9:

1. In the Campus/Location Name field, enter the name of the high school.

2. In the Campus/Location School Code field, enter the six digit College Entrance Examination Board (CEEB) code.

3. In the Campus/Location Address field, enter the school’s address.

4. In the Campus/Location Authoritative Source Name field, enter the name of the authoritative source.

NOTE: A Request for Authoritative Source Status form is required for each authoritative source listed in Exhibit 1. An institution may have multiple authoritative sources, but must

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed as of the date first above written.

PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY

By: __________________________

Name: Kelly Powell Logan

Title: Executive Director, Public Service

123456789

Federal Tax Identification Number

Approved as to form and legality

PHEAA General Counsel

EXHIBIT 1

AUTHORITATIVE SOURCE AND RESPONSIBILITIES PER LOCATION OR CAMPUS

(include School Code, Name, and Address for each)

<table>
<thead>
<tr>
<th>Campus/Location Name</th>
<th>Campus/Location School Code</th>
<th>Campus/Location Address</th>
<th>Campus/Location Authoritative Source Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local High School</td>
<td>39XXXX</td>
<td>123 Main St, Hbg PA 17011</td>
<td>Joe R User</td>
</tr>
</tbody>
</table>

PHEAA conducts its student loan servicing operations commercially as American Education Services and for federally-owned loans as FedLoan Servicing.
Request for Authoritative Source Status

The Request for Authoritative Source Status Required Data:

1. In the Request Information section:
   a. In the Request Type indicate if the Authoritative Source (AS) request is for an addition, modification or removal. Request for modification or removal requires the User ID Number.
   b. In the Institution Name field, enter the name of the high school where the AS is employed.
   c. In the Institution Type field, enter the six digit CEEB code.

2. In the Authoritative Source Information section:
   a. In the Last Name, First Name and Middle Initial fields, enter the AS name.
   b. In the Street Address, City, State and Zip fields, enter the address of the high school where the AS is employed.
   c. In the Daytime Telephone Number and E-mail Address fields, enter the telephone number and e-mail address of the AS.

Acknowledgement By Authoritative Source

I hereby request to be the Authoritative Source for access to the PHEAA system for the high school I am employed by. I have read and agree that I am responsible for the PHEAA system for the high school I am employed by. I agree to use the PHEAA system for the high school I am employed by for legitimate business purposes.

Authoritative Source Immediate Supervisor Information

As the immediate supervisor of the Authoritative Source, I understand and agree that I am required to verify the information provided and authorize any changes to the Authoritative Source.

Forms are to be mailed to: Pennsylvania Higher Education Assistance Agency
State Grant & Special Programs
P.O. Box 8167
Harrisburg, PA 17105-8167

Or fax the form to (717) 720-3768 or you may email the form in a PDF format to: HighSchoolAccess@phea.org

PHEAA conducts its student loan servicing operations commercially as American Education Services and for federally-owned loans as FedLoan Servicing.
3. In the **Acknowledgement By Authoritative Source** section:
   a. In the **Signature and Date** fields, the AS must provide a signature and date.
   b. In the **Printed Name and Title** fields, the AS should enter printed name and job title.

4. In the **Authoritative Source Immediate Supervisor Information** section:
   a. In the **Printed Name and Title** fields, the immediate supervisor of the AS should enter printed name and job title.
   b. In the **Daytime Telephone Number and E-mail Address** fields, enter the telephone number and e-mail address of the immediate supervisor of the AS.
   c. In the **Signature and Date** fields, the immediate supervisor of the AS must provide a signature and date.

**NOTE:** All fields are required on the Request for Authoritative Source Status form.