

Borrower Authorization of Third Party

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

Please complete the information on this page and visit harvardfcu.org to upload your document using the Document Uploader located at the top of our Applications & Forms page or send this page to Harvard FCU via fax (617-998-9760) or mail to:

Harvard Federal 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 Harvard FCU 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 Harvard FCU 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 Harvard FCU, its officers, employees, contractors, affiliaters 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.

Borrower Signature				Date	
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