

Ombudsman Group
Privacy Release Statement & Third Party Authorization

Please fill out all pertinent information. Please print clearly:

Name: _____		
Address: _____		City/State/Zip: _____
Home Phone: _____ <small>(area code)</small>	Work Phone: _____ <small>(area code)</small>	Cell Phone: _____ <small>(area code)</small>
E-mail: _____		
Soc. Sec.#: _____ - _____ - _____		Date of Birth: _____ - _____ - _____
What is the best way to contact you? _____		

Please briefly describe your issues:

*My signature on this page allows representatives of the United States Department of Education's Federal Student Aid Ombudsman Group, to obtain, under the "Right to Privacy Act of 1974," any information requested and to examine and/or copy any records related to my Federal Student Aid. **Third (3rd)-Party Authorization:** My signature below also authorizes the third party listed below to contact the Ombudsman Group on my behalf to discuss any and all issues regarding my Federal Student Aid.*

Signature

Date

Third (3rd) Party Signature

Date

3rd Party Name: _____ *Relationship To You:* _____

3rd Party Address: _____ *3rd Party City/State/Zip Code:* _____

3rd Party E-mail address: _____ *3rd Party Work Phone:* _____

3rd Party Home Phone: _____ *3rd Party Cell Phone:* _____ *Preferred Contact Method:* _____

Return this form to: Ombudsman Group, U.S. Department of Education, 4th Floor, UCP-3, MS: 5144, 830 First Street, N.E. Washington, DC 20202-5144. You may fax the completed form to 202/275-0549. If you have any questions, please call 202/377-3800.