



Texas Higher Education Coordinating Board

Student Financial Aid Programs
P.O. Box 12788 Austin, TX 78711-2788
Tel. (800) 242-3062 Fax (512) 427-6423

Public Information Act (PIA) Request Form

The Texas Higher Education Coordinating Board ("THECB") is required to comply with the Family Educational Rights and Privacy Act ("FERPA"), which prohibits the release of educational records without the student's consent. In compliance with FERPA and as part of THECB's commitment to maintain the privacy of our students/borrowers, THECB requires a written and signed request from the borrower or cosigner, the request must include the borrower or cosigner's date of birth, social security number and a copy of the driver's license or other government issued photo ID.

The written consent must comply with 34 C.F.R. § 99.30, which requires that "[t]he parent or eligible student shall provide a signed and dated written consent before an educational agency or institution discloses personally identifiable information from the student's education records..." Such written consent must specify the records that may be disclosed, the purpose of the disclosure, and identify the party or class of parties to whom the disclosure may be made. See 34 C.F.R. § 99.30(b).

Borrower's Account Reference Number: _____

Or Borrower's CommonLine Unique Identification Number: _____

Requestor's: (all fields required)

Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: (MM/DD/YYYY) ____/____/____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: (____) ____ - _____ E-Mail Address: _____

If the Requestor is not the Borrower or Cosigner, the Borrower will have to submit the 'Consent to Release Information' form. Please review our PIA instructions online.

Borrower's Name (if different from requestor): _____

I, _____, request the following public records (be specific):

As requested for identification purposes and to continue processing my request, the following document is enclosed:

- Copy of Requestor's Driver License or other government-issued photo identification.

Requestor's signature: _____ Date: _____

Mail or fax the completed Public Information Act Request form and a copy of the required photo identification to:

Texas Higher Education Coordinating Board
Attn: Account Services
P. O. Box 12788
Austin, TX 78711-2788
Fax: (512) 427-6423

When your request has been approved and completed, you will be notified of the following charges (if applicable). Please remit the exact amount by cashier's check or money order, payable to the Texas Higher Education Coordinating Board, within 30 days of approval and notification.

1. \$15.00 per hour for labor costs.
2. \$3.00 per hour for overhead costs.
3. \$0.10 per copy.
4. Shipping charges may apply.