



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) Consent to Release Information Form

Borrower's Account Reference Number: _____
Or Borrower's CommonLine Unique Identification Number: _____

Borrower's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

I, _____, hereby consent and grant to the Texas Higher Education Coordinating Board (THECB), full authority and permission to duplicate and release the following public records to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of records to be released:

Reason for release of records:

Would you like to request that the THECB provide you, the borrower, with a copy of any records disclosed pursuant to this written consent?

Yes No

This Consent to Release Information form is limited to those persons expressly named herein. The student has the right to revoke this consent at any time.

Borrower's signature: _____ Date: _____

Mail or fax the completed Consent to Release Information form to:

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