



MISSOURI DEPARTMENT OF HIGHER EDUCATION  
& WORKFORCE DEVELOPMENT

THIRD PARTY AUTHORIZATION FORM

*As a reminder, you never need to pay to receive help with your loans. These services are available free of charge.*

SECTION A: BORROWER INFORMATION

Please enter your information. Do not enter your designated third party's information in this section.

Check this box if any of your information has changed.

SSN \_\_\_\_\_

Name \_\_\_\_\_

Other Alias (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Primary) \_\_\_\_\_

Phone (Alternate) \_\_\_\_\_

Email \_\_\_\_\_

Have you or an immediate family member ever served in the U.S. Armed Forces?  Yes  No

If yes, would you like information about military-related services in Missouri?  Yes  No

SECTION B: DESIGNATION, CHANGE, OR REVOCATION OF THIRD PARTY

This form is used to designate an individual to receive information or records related to your student loans held or guaranteed by MDHEWD.

1. Why are you completing this form?

- I am **designating** a third party to receive information or records about matters related to my loans held or guaranteed by MDHEWD.
- I am **changing** the third party representative to receive information or records about matters related to my loans held or guaranteed by MDHEWD.
- I am **revoking** my previous designation of a third party to receive information or records about matters related to my loans held or guaranteed by MDHEWD.

2. Please provide contact information for the third party individual you are designating.

Individual's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Primary) \_\_\_\_\_

Phone (Alternative) \_\_\_\_\_

Email \_\_\_\_\_

SECTION C: BORROWER'S REQUEST, UNDERSTANDING, AUTHORIZATION, AND CERTIFICATION

I **request** to designate, change, or revoke an individual to receive information or records about matters related to my federal student loans that are held or guaranteed by the Missouri Department of Higher Education & Workforce Development.

**I understand that:**

1. The individual that I designate in Section B will have the ability to receive information or records about my federal student loans that are held or guaranteed by MDHEWD. This form does not apply to loans held or guaranteed by other entities.
2. The individual that I designate in Section B does **not** have the authority to change any information on my account, set up payments on my behalf, or contact a collection agency on my behalf. I understand this is my responsibility to take these actions myself.
3. To verify the third party's identity when making a request for information or records by telephone, the third party will be required to provide my name, Social Security Number, and date of birth.
4. When requesting the disclosure of information, the third party named in Section B must submit information to verify his or her own identity before any information is provided.
5. If I am requesting to change or revoke who is an authorized third party, the individual I previously designated will no longer be an authorized third party as of the date MDHEWD receives my request.
6. My designation will be effective when this form and the separate form mailed to the individual I designate in Section B are both received, reviewed, and approved by MDHEWD. The Third Party Representative Form will be mailed to the designee in Section B upon receipt of this form by MDHEWD.
7. My approved designation will remain in effect until revoked by me.

**I certify** that all of the information I have provided on this form is true, complete, and correct to the best of my knowledge and belief.

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**Borrower's Signature**

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**Date**

Return completed form to:  
Missouri Department of Higher Education & Workforce Development  
Attention: Borrower Services  
P.O. Box 1469 · Jefferson City, MO 65102-1469  
or Fax to 573-526-0685