



THIRD PARTY AUTHORIZATION (TPA) FORM

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program / TEACH Grant Program

OMB No. 1845-XXXX
FORM UNDER REVIEW
Exp. Date XX/XX/XXXX

TPA

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION A: RECIPIENT INFORMATION

Please enter or correct the following information.

Do not enter information about the representative in this section.

☐ Check this box if any of your information has changed.

SSN _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Primary) _____

Phone (Alternate) _____

Email _____

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

This form may be used to designate an individual or organization to represent you in matters related to your student loans or grants.

1. Why are you completing this form?

- ☐ I am **designating** a third party to represent me or receive information about matters relating to my loans or grants. I understand that no more than one individual or organization may hold the designation at any time. Continue to Item 2.
- ☐ I am **changing** the third party that represents me or receives information about matters relating to my loans or grants - Continue to Item 2.
- ☐ I am **revoking** my previous designation of a third party to represent me or receive information about matters relating to my loans or grants. I understand that I will be the only authorized person to act on the account. Skip to Section C.

2. Is your representative offering its services in exchange for payment?

- ☐ **No.**
- ☐ Yes. **As a reminder, you do not need to pay to get help with your loans or grants. The U.S. Department of Education (the Department) offers those services for free.**

3. What do you want the third party to be able to do? (Pursuant to Section D below, your representative should notify you of any actions taken on your behalf.)

- ☐ I **only want** the third party to be able to discuss information about my federal student loans and grants with the Department.
- ☐ I **want** the third party to be able to discuss information about my federal student loans and grants with the Department **and** to be able to direct the Department to take any action I could take myself, such as place me in a new repayment plan. A third party may not take any action on a FFEL Program loan not held by the Department, without first contacting the FFEL loan holder for guidance.

4. Provide contact information for the third party (Representative) that you are designating. (They must complete Section D).

☐ Individual or ☐ Organization's Name _____

Contact's name if you provided the name of an organization _____

SECTION C: RECIPIENT'S REQUEST, UNDERSTANDINGS, AUTHORIZATION, AND CERTIFICATION

I request to designate, change, or revoke my authorization of an individual or organization to represent me or receive information about matters related to my federal student loans or grants that are owned by the Department.

I understand that:

1. The individual or organization that I designate in Section B will have the ability to receive information about my federal student loans, TEACH Grants, or grant overpayments that is otherwise protected by the Privacy Act of 1974.
2. If I indicated a third party to receive and take action (checked the second box in Section B, Item 3 above) on my federal student loans or federal grants, the third-party will be able to act on my behalf with the Department, and direct the Department to take specific actions on my federal student loans that are owned or held by the Department or federal grants; including but not limited to submit applications, appeals, objections or any other requests, including applying for deferments, forbearances, and/ or repayment plans. I further understand that a third party is not permitted to act on my behalf and take any action on a FFEL Program student loan(s) not held by the Department without first contacting the FFEL loan holder for guidance and more information.
3. To verify the third party's identity when making a request for disclosure or providing information by telephone, the third party may 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 identity and, if appropriate, the organization for which he or she works.
5. If I am requesting to change or revoke who is an authorized third party, the individual or organization that I previously designated will no longer be an authorized third party as of the date that the Department receives my request.
6. If I am requesting to revoke the third-party authorization, I may do so in any oral or written communication to the Department.
7. An authorized third party may also revoke my designation in any oral or written communication to the Department.

My designation, change, or revocation will be effective on the date that the Department receives and (if written) processes my communication.

☐ **I authorize** the Department and its agents to release to, and discuss with, the individual or organization named in Section B any records held by the Department regarding my federal student loan, federal grants, or TEACH Grant service obligation(s) and to send correspondence related to my discharge request (if applicable) to that individual or organization.

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

Recipient's Signature

Date

Recipient Name _____ Recipient SSN _____

SECTION D: REPRESENTATIVE'S UNDERSTANDINGS AND AFFIRMATION

As the individual or organization designated as an authorized third-party representative in Section B of the recipient identified in Section A, please complete the appropriate information below and affirm your intent to adhere to the terms of this request by marking the required boxes and signing this form.

1. Are you completing this form as an **individual** or an **organization** representing the recipient?

- ☐ Individual – continue to item 2a.
☐ Organization – continue to item 2b.

2a.

Name _____
Address _____
City _____ State _____ Zip _____
Phone (Primary) _____
Phone (Alternate) _____
Email _____

2b.

Organization Name _____
Tax ID Number _____
CEO Name _____
Address _____
City _____ State _____ Zip _____
Phone (Primary) _____
Phone (Alternate) _____
Email _____
Website _____
Contact Name _____

3. **Required** affirmations for all representatives:

- ☐ By checking this box, I, the representative, affirm that I will adhere and comply with the code of conduct (Section F, Important Notices), information security standards, and the terms of service regarding the use and access of data pertaining to the federal loan and/or grant recipient above pursuant to the September 10, 2021, Federal Register Notice).
- ☐ By checking this box, I, the representative, affirm that I will keep the recipient informed of all actions taken on their behalf when using the authorization as described herein.
- ☐ By checking this box, I, the representative, affirm I have not and will not ask the individual identified in Section A for their FSA ID or username and password, and will not seek to log into any loan servicer or Federal Student Aid system using their credentials. I, the representative, acknowledge and understand the use of an access device (18 U.S.C. §1029(e)(1) U.S.C.) issued to another person or obtained by fraud or false statement to access Department information technology systems for purposes of obtaining commercial advantage or private financial gain, or in furtherance of any criminal or tortious act in violation of the Constitution or laws of the United States or of any State shall face criminal penalties pursuant to Section 490 of the Higher Education Act of 1965 (20 U.S.C. 1097), as amended.

By signing below, I, the representative, declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Representative's Signature

Date

SECTION E: WHERE TO SEND THE COMPLETED FORM

Return the completed form to:

If you need help completing this form, contact us:

Note: Only the aid recipient may submit this form for processing. A named representative (Section D) may not submit the form for or on behalf of the aid recipient.

SECTION F: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you: The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., §461, or §420L of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., 20 U.S.C. 1087aa et seq., or 20 U.S.C. 1070g et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Direct Loan, FFEL, Perkins Loan, or TEACH Grant program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity; to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, Federal Perkins Loan or TEACH Grant Programs; to permit the servicing of your loans; and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or enter into default status. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. A list of the Department's system of record notice issuances is located at <https://www2.ed.gov/notices/ed-pia.html>. The routine uses of this information include, but are not limited to: its disclosure to federal, state, or local agencies; to private parties such as relatives, present and former employers, business and personal associates; to consumer reporting agencies; to financial and educational institutions; and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you

become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies; to financial and educational institutions; or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0XXX. Public reporting burden for this collection of information is estimated to average 30 minutes

per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, please refer to the contact information provided in Section E.

Code of Conduct Notice. The Code of Conduct identifies the acceptable rules of behavior for accessing the Department's information systems. Upon accessing the Department's information systems, all users will receive a notification warning banner similar to the following that requires them to acknowledge and agree to the Code of Conduct prior to being allowed further access:

You are accessing a U.S. Federal Government computer system intended to be solely accessed by individual users expressly authorized to access the system by the U.S. Department of Education. Usage may be monitored, recorded, and/or subject to audit. For security purposes, and in order to ensure that the system remains available to all expressly authorized users, the U.S. Department of Education monitors the system to identify unauthorized users. Anyone using this system expressly consents to such monitoring and recording. Unauthorized use of this information system is prohibited and subject to criminal and civil penalties. Except as expressly authorized by the U.S. Department of Education, unauthorized attempts to access, obtain, upload, modify, change, and/or delete information on this system are strictly prohibited and are subject to criminal prosecution under 18 U.S.C. 1030, and other applicable statutes, which may result in fines and imprisonment. This system may contain Personally Identifiable Information (PII), as defined by the Privacy Act of 1974, or other Controlled Unclassified Information as defined by 32 CFR 2002.

For purposes of this system, unauthorized access includes, but is not limited to— (a) Any access by an employee or agent of a commercial entity, or other third party, who is not the individual user, for purposes of commercial advantage or private financial gain (regardless of whether the commercial entity or third party is providing a service to an authorized user of the system); and (b) Any access in furtherance of any criminal or tortious act in violation of the Constitution or laws of the United States or any State. If system monitoring reveals information indicating possible criminal activity, such evidence may be provided to law enforcement personnel. These Rules of Behavior identify responsibilities and expectations for all individuals accessing Federal Student Aid (FSA) systems. By accepting, you confirm that you have reviewed, acknowledge, and agree to the following Rules of Behavior: (a) You must protect all of the Department's information systems, including the Department's data and information in your possession, from access by, or disclosure to, unauthorized individuals or entities. (b) Your User ID, password, and other credentials are unique and only assigned to the specified authorized user. (1) Your User ID, password, and other credentials serve as an

electronic signature for signing fiduciary documents committing you to financial obligations. (2) Your User ID, password, and other credentials are for official Department business only. (c) You must never give your User ID, password, or other credentials to another person, including your supervisor(s). Any information retrieved from the Department's information systems may be shared only with individuals expressly authorized to receive this information. (d) You must access only systems, networks, data, control information, and software for which you have been authorized by the U.S. Department of Education. (e) If you are a third party representing an authorized user under paragraph (b) of the "Acceptable Use of Systems," you must be issued your own unique User ID, password, or credentials; at no time is a third party authorized to use another individual's unique User ID, password, or credentials. A user may not authorize a third party to use their User ID, password, or credentials, including through a power of attorney. (f) You are individually responsible for ensuring that data/information obtained from the Department's information systems is not used improperly. A legitimate reason must be present to view data/information contained within the Department's information systems. (g) You must change your password immediately and notify the appropriate security personnel if your password is compromised, or someone else knows your password. (h) You must properly encrypt (or password protect) all electronic files when transmitting data via email. Passwords must be sent separately (not in the same transmission or transmission channel). (i) All paper documents containing PII or Controlled Unclassified Information must be labeled and stored in a secure environment, to which only authorized personnel have access. (j) You must inform or contact the organization that granted initial access when access to an FSA system is no longer required or access changes because of changes in job responsibilities or termination of employment. (k) You must remain current on all required training, including security training (at least annually). (l) You must not download or store the Department's information systems information or data on unsecure/public computers or portable devices. (m) If you have Title IV loans, they must be in good standing. If you have a loan that goes into default, your access to the Department's information systems to administer Title IV Programs under the HEA will be revoked. Access to manage and view your own Title IV loans and financial aid history through the Department's information systems and/or your federal loan servicer as a borrower will not be revoked.