



State Grant and Special Programs
1200 North Seventh Street, Harrisburg, PA 17102-1444

WORKFORCE ADVANCEMENT GRANT FOR EDUCATION (WAGE) PROGRAM
THIRD PARTY AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant/Recipient Instructions: Complete this form and return it to your institution's financial aid office. If you transfer to an institution other than the one indicated on this form and are determined eligible to receive WAGE funds, you will be required to sign a new form.

Printed Name of Aid Applicant/Recipient: _____

Social Security Number of Aid Applicant/Recipient: _____

Postsecondary Institution: _____ OE Code: _____

I hereby authorize PHEAA and American Education Services (AES), an unincorporated division of PHEAA, for any and all years in which I, the applicant, am considered for aid through the WAGE Program, to exchange any and all academic, and financial aid information, as well as my social security number, address, date of birth and gender with the postsecondary institution(s) selected by the applicant, as well as with the Pennsylvania Department of Education and the Pennsylvania Department of Labor and Industry. I understand and agree that by authorizing PHEAA and the organizations listed below to exchange any and all academic and financial aid information, as well as my social security number, address, date of birth and gender, that I assume full responsibility for the organizations having access to such information relating to me. I acknowledge that it is my responsibility and not that of PHEAA to revoke my authorization(s) if at any time I no longer wish to authorize PHEAA to release information about me to the organizations designated below. I hereby expressly agree that PHEAA shall not be responsible for any damages in any form so arising that I may incur related to my authorization(s) of PHEAA to release information to the organizations listed below. I also authorize and direct the institution at which I am enrolled, the Pennsylvania Department of Education and the Pennsylvania Department of Labor and Industry, to release to PHEAA, the institution at which I am enrolled, the Pennsylvania Department of Education and/or the Pennsylvania Department of Labor and Industry any and all academic and financial aid records, my social security number, address, date of birth and gender in the possession of these organizations or any of its officers or agents which relate to my academic and financial aid record or bear upon my eligibility for the WAGE Program. I also authorize the public release of information about my participation and eligibility in this program. I understand that PHEAA, the Pennsylvania Departments of Labor and Industry and Education and the postsecondary institutions will ensure the confidentiality of this information. I further understand that this release authorizes the free flow of academic and financial aid information, my social security number, address, date of birth and gender related to my participation in the WAGE Program to/from:

- 1. Pennsylvania Higher Education Assistance Agency (PHEAA)
2. The postsecondary institution(s) selected by the applicant
3. Pennsylvania Department of Education
4. Pennsylvania Department of Labor and Industry

Signature of Aid Applicant/Recipient

Date

Postsecondary Institution Instructions: Return this completed form to the Pennsylvania Higher Education Assistance Agency (PHEAA) to allow access and exchange of any and all academic and financial aid information, social security number, address, date of birth and gender on any Workforce Advancement Grant for Education (WAGE) Program application, communication and/or documentation submitted to or acquired by the Agency at any time, by the postsecondary institution(s) selected by the applicant, by the Pennsylvania Department of Education and/or by the Pennsylvania Department of Labor and Industry. This form must be signed by the applicant. If the institution has more than one applicant/recipient, please return all forms at one time to PHEAA at the address listed above.

FOR PHEAA USE ONLY

Logged _____

Initials _____