



**NORTH CAROLINA**  
**STATE EDUCATION ASSISTANCE AUTHORITY**  
Guaranty Agency and Repayment Services  
P.O. Box 14002  
Research Triangle Park, NC 27709  
Telephone 919-248-4617 or 800-544-1644

**THIRD PARTY AUTHORIZATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number or SSN: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to speak with the North Carolina State Education Assistance Authority (NCSEAA) regarding my student loan account. This authorization will remain in effect unless revoked in writing by me or the authorized third party for as long as my account remains with NCSEAA.

I understand that it is my responsibility to communicate with the 3rd party to make sure I receive information discussed.

Borrower Name (Please print): \_\_\_\_\_

Borrower Signature: \_\_\_\_\_

Authorized Third Party Name (Please print): \_\_\_\_\_

Authorized Third Party Phone Number: \_\_\_\_\_