

1711 San Jacinto Blvd. 2nd Floor, Room 202 Austin, Texas 78701

1.800.445.GRAD (4723), Option 2 FAX: 512.475.0081 www.tqtp.org

Texas Prepaid Higher Education Tuition Program Addition of Information Release Authorization

In order to add an information release designee to the following contract, please complete and return this form to PO Box 13407, Austin, TX 78711-3407. The information release designee's social security number is required for identification purposes. Once we receive this information, the information release designee will be authorized to receive contract information but will not be allowed to change or update any contract information. Only the purchaser and joint purchaser, if applicable, may cancel a contract or transfer or convert benefits.

The contract purchaser may revoke this authorization at any time by filing a Revocation of Information Release Authorization form. This form may be obtained from our website, www.tgtp.org, or by calling our toll-free number, 1-800-445-4723, option 2.

Thank you for your participation in the *Texas Guaranteed Tuition Plan*. If you have any questions or need additional information, please call our toll-free number at 1-800-445-4723, option 2.

urchaser Name		Joint Purchaser (if applicable)				
Beneficiary Name			Prepaid Tuition Contract Number			
Information Release Designee Name				Information Release Designee's Social Security Number		
Address	City		'	State	ZIP Code	
Home Phone (Area code and number)	ber) Work Phone (Area code and			number)		
Certification of Purchasers (section must be o	complete	d in the presence	e of No	otary Public	c)	
I,, the undersigned have executed this form to acknowledge that I agree to add the above information release designee to the above Texas Guaranteed Tuition Plan contract. sign here						
here / SIGNATURE OF PURCHASI						
(Below section to be completed by Notary Public) Subscribed and acknowledge before me by the said PRINTED NAME OF PURCHASER		day of		DATE , 20 _		
(Seal)						
			NOTARY PUBLIC			
I,, the undersigned have executed this form to acknowledge that I agree to add the above information release designee to the above Texas Guaranteed Tuition Plan contract. sign here						
SIGNATURE OF JOINT PURCHASER (IF	- APPLICABLE	Ē)		DATE		
(Below section to be completed by Notary Public) Subscribed and acknowledge before me by the said PRINTED NAME OF JOINT PURCHASER (IF APPLICABLE)	this _	day of		, 20 _	·	
(Seal)		NOTARY PUBLIC				

FEDERAL PRIVACY ACT STATEMENT – Disclosure of your social security number (SSN) is required and authorized by law. Authority: 42 U.S.C. Sec. 405(c)(2)(C) (i); Tex. Gov't. Code Secs. 403.011, 403.015, and 403.178. The number will be used to identify the prepaid tuition contract purchaser and beneficiary when the Texas Tomorrow Fund pays benefits to the selected college or university.

STATE INFORMATION NOTICE UNDER CHAPTER 559, GOVERNMENT CODE — With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Government Code, you are entitled to have us correct any information about you that is in our possession and that is incorrect. If at any time you are concerned that your personal information held by us is incorrect and you are unsure as to how to correct or update it, please contact us at 1-800-445-GRAD (4723).