



TEXAS PREPAID HIGHER EDUCATION TUITION BOARD
TEXAS GUARANTEED TUITION PLAN
 Texas Tomorrow Funds • P.O. Box 13407 • Austin, Texas 78711-3407

311 E. 14th Street
 2nd Floor, Suite 200
 Austin, Texas 78701
 1.800.445.GRAD (4723), Option 2
 FAX: 512.475.0081
 texas.tomorrow@cpa.texas.gov
 www.tgtp.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 P.O. 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 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 us at 1-800-445-4723, option 2.

Purchaser 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)		Work Phone (Area code and number)	

Certification of Purchasers (Section must be completed in the presence of 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 PURCHASER DATE

(Below section to be completed by Notary Public)
 Subscribed and acknowledge before me by the said
 _____ this ____ day of _____, 20 ____.
 PRINTED NAME OF PURCHASER

(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) DATE

(Below section to be completed by Notary Public)
 Subscribed and acknowledge before me by the said
 _____ this ____ day of _____, 20 ____.
 PRINTED NAME OF JOINT PURCHASER (IF APPLICABLE)

(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); Internal Revenue Code of 1986, Sections 529(d) and 6109(a). The number will be used to identify the prepaid tuition contract purchaser and beneficiary when the Texas Guaranteed Tuition Plan 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), option 2.