



Authorization for Limited Release of Information¹

I, _____ (Releasor), authorize the Alaska Commission on Postsecondary Education (ACPE) to release to, and discuss with, the below-named individual _____ (Recipient)

information specific to:

_____ My education loan account number _____
Releasor's Initials

_____ My Alaska Student Aid Portal (ASAP) ACPE ID number _____
_____ (Alaska Performance Scholarship and Alaska Education Grant information)
Releasor's Initials

I understand my signature authorizes ACPE to communicate with the Recipient until written revocation is given by me and received by ACPE. I further understand that a completed and signed copy of this document is as good as the original.

(Printed Name - Releasor)

(Date)

(Signature - Releasor)

(Contact Phone - Releasor)

Please return the completed form to ACPE at the address or fax (above), or by emailing it to ACPE@alaska.gov.

¹ This authorization is limited to the release of general account information. The recipient may be provided information such as eligibility, account status, and payment history on loans, but cannot take action on the account, such as requesting a repayment option or changing the primary account holder's contact information.

[ACPE's Privacy Policy](https://acpe.alaska.gov/privacy) is available at <https://acpe.alaska.gov/privacy>.