

Education ProgramsAuthorization Form

APPLICANT INFORMATION					
Social Security Number	Last Name	First Name	MI	Date of Birth	
PRIVACY POLICY NOTICE					
Protecting the privacy of your personal information is important to us at the Finance Authority of Maine. We do not sell or share the nonpublic personal information you provide us. Federal legislation requires us to give you this notice about our privacy policy. The law also requires us to send you a current privacy policy each year that you are our customer.					
This notice uses the term "nonpublic personal information." This means personal information about you which identifies you, and that is not available from public sources.					
 1. We collect nonpublic personal information about you from the following sources: a. Information received from you on applications, correspondence, communications, and other forms; b. Information about your transactions with respect to your account. 					
2. We do not disclose any nonpublic personal information about you or our other current or former customers to anyone, except as permitted by law. We never rent or sell your name or personal financial information. We do share such information with our contractors and agents, as needed, to administer your account transactions in conformance with law.					
3. We restrict access to nonpublic personal information about you to our employees who need to know the information and to contractors and agents in order to provide service to you. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations to safeguard your nonpublic personal information.					
AUTHORIZATIONS					
I hereby authorize the Finance Authority of Maine (FAME) to discuss any loans, grants, or scholarships provided by FAME to me with the following individuals upon their verification that they are such person and correct reciting of my social security number and date of birth, until written notification from me to the contrary is received by FAME.					
Examples:	l Name of Individual	Relation	ship to You (App	olicant)	
Parent					
Guardian Spouse					
Signature of Applicant			 Date		
Return completed form to Finance Authority of Maine					