



**VPEP ACCOUNT ACCESS AUTHORIZATION FORM**

Virginia Prepaid Education Program account information is confidential and may be released only to the purchaser. You may authorize another individual or organization to have access to your account information. If you would like for us to release information about your account(s) please indicate below the individual or contact in an organization who is authorized to receive information and sign and return this form to 9001 Arboretum Parkway • Richmond, Virginia 23236 Only the purchaser may cancel a contract or transfer or convert benefits.

If you have any questions, please call us toll free at 1-888-567-0540. Thank you for your participation in the Virginia Prepaid Education Program.

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

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SSN or TIN (Optional: for verification purposes only). \_\_\_\_\_

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

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SSN or TIN (Optional for verification purposes only). \_\_\_\_\_

I hereby authorize the above named individual(s) or organization(s) to obtain information on my Virginia Prepaid Education Program contract(s).

Purchaser's name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser's signature: \_\_\_\_\_

VPEP Account Number(s): \_\_\_\_\_

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