



**Authorization for Disclosure Between  
Nutritional Therapy Association and Harborstone Credit Union**

The undersigned, \_\_\_\_\_, hereby authorizes Nutritional Therapy Association (NTA) and Harborstone Credit Union, their agents, and employees to release, disclose, and share the following information between themselves:

1. Any and all records or other information including, but not limited to, documents pertaining to application, enrollment, attendance, or completion of the NTA training program; and
2. Any and all records or other information including, but not limited to, documents pertaining to an application submitted for lending from Harborstone, loan fund disbursement, loan payment status, and history.

This Authorization for Disclosure is authorized for the sole purpose of facilitating the processing and approval of a loan application intended for lending from Harborstone for the NTA program. This agreement also serves the purpose of allowing joint collection efforts between Harborstone and NTA, should that become necessary.

I understand that should I become delinquent on the loan disbursed directly to me or to NTA for tuition payment and other fees or costs associated with the NTA course, collection efforts may include refusal to allow completion of the training course, or revocation of any certification granted to me upon completion of the NTA course until a current payment status is reached with Harborstone.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number