

National Health Service Corps Scholarship Program

U.S. Department of Health and Human Services Health Resources and Services Administration

NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

If I heco	ome a participant in the National F	lealth Service Corns (NHSC) S	cholarchin Program I
II I Decc	mie a participant in the National i		_, hereby authorize:
	(Print Name - First, Middl		-
1)	information pertaining to my scl (DHHS), and/or its contractors. limited to, my transcripts and gr examination requirements for g	nool enrollment to the Depar Information pertaining to my rades, academic standing, enr raduation, tuition and fees, le vill be used by DHHS to deter	e NHSC Scholarship Program to disclose tment of Health and Human Services school enrollment includes, but is not collment and degree status, curriculum and eave-of-absence, withdrawal, or dismissal mine my eligibility to continue to receive
2)	(i.e., approval) from DHHS to copertaining to my participation in	mplete, to disclose to DHHS, the postgraduate training pruirements, status in the prog	ogram(s), for which I receive a deferment and/or its contractors, information rogram(s) including, but not limited to, my gram, completion date, leave-of-absence,
3)	Program obligation to disclose to with the NHSC scholarship service practice location(s), practice resthat I worked and the hours I was	o DHHS, and/or its contractor ce requirements. Such inforn ponsibilities, work schedule c as away from the site, record	ce in satisfaction of my NHSC Scholarship rs, information pertaining to my compliance nation includes, but is not limited to, my or other documentation indicating the hours is relating to my work performance and (if my employment at the service location.
	ove authorizations take effect on t main in effect until the date my NI		cipant in the NHSC Scholarship Program and has been fulfilled.
security	number to see if I appear on the srelease form. If I do not become	Excluded Parties List System.	ease my name, address(es) and social This authorization takes effect on the date ion shall remain in effect until September
These a	uthorizations may be revoked by I	me in writing at any time.	
(Signature of Individual)		(Date)	(Last 4 Digits of Social Security Number)

Please upload to the NHSC SP Online Application: https://programportal.hrsa.gov/