

## National Health Service Corps FY 2013 Loan Repayment Program

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

## NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM PRIVACY ACT RELEASE AUTHORIZATION

l,	, residing at
	, am an applicant to the National Health Service Corps (NHSC) Loan
	I hereby authorize the Department of Health and Human Services, and/or its contained in its files relating to my application to participate in the NHSC Loan
(Individual)	(Relationship/Name of Firm)
	(Address)
	(City, State, Zip Code)
whichever occurs first.	l September 30, 2013, or until this authorization is revoked by me in writing,
	licant. I understand that the knowing and willful request for, or acquisition of, from an agency under false pretenses is a criminal offense under the Privacy Act (3)).
(Signature of Applicant)	(Date)
knowing and willful request for, or acqui	vidual, to whom the applicant has authorized disclosure. I understand that the isition of, information pertaining to an individual from an agency under false e Privacy Act, subject to a \$5,000 fine (5 U.S.C. 552a(i)(3)).
(Signature of Individual)	 (Date)