

**NURSE CORPS LOAN REPAYMENT PROGRAM (NURSE CORPS LRP)
AUTHORIZATION to RELEASE INFORMATION**

As a Nurse Corps Loan Repayment (NURSE CORPS LRP) applicant, I _____, hereby authorize:
(print full name)

- i. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to determine my eligibility/qualifications to participate in the NURSE CORPS LRP, and to determine the eligibility of my educational loans for repayment under the NURSE CORPS LRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
- ii. Any program or entity to which I owe a service obligation, or defaulted on a service obligation, to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NURSE CORPS LRP, this authorization shall remain in effect until the date my NURSE CORPS LRP obligation, including any extension of the obligation pursuant to a continuation contract has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NURSE CORPS LRP, this authorization shall remain in effect until September 30, 2013.

Signature of Applicant

Date

Authorization to Release Information Form

This form authorizes HHS, and/or its contractors, to release information that identifies the applicant for purposes of obtaining the applicant's educational loan information. It also authorizes any program to which the applicant owes a health professions service obligation to release information to HHS and/or its contractors.