**2013**

**National Health Service Corps**

**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**

I, , residing at



, am an applicant to the National Health Service Corps (NHSC) Loan Repayment Program (42 U.S.C. 254l-1). I hereby authorize the Department of Health and Human Services, and/or its contractors, to disclose any information contained in its files relating to my application to participate in the NHSC Loan Repayment Program **to:**

**(Individual) (Relationship/Name of Firm)**

**(Address)**

**(City, State, Zip Code)**

This authority shall remain in effect until **September 30, 2017**, or until this authorization is revoked by me in writing, whichever occurs first.

I certify that I am the above-named applicant. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a $5,000 fine (5 U.S.C. 552a(i)(3)).

**(Signature of Applicant) (Date)**

I certify that I am the above-named individual, to whom the applicant has authorized disclosure. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a $5,000 fine (5 U.S.C. 552a(i)(3)).

**(Signature of Individual) (Date)**