



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. 254I-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)