

**NURSE CORPS LOAN REPAYMENT PROGRAM (NURSE CORPS LRP)  
AUTHORIZATION for RELEASE of EMPLOYMENT INFORMATION**

- i. I authorize my current, former, or future employer or the health care facility or school of nursing where I work as an RN or nurse faculty to disclose information pertaining to my employment status to the U.S. Department of Health and Human Services (HHS), and/or its contractors, for purposes of determining my eligibility to participate in the NURSE CORPS LRP and, if I am selected to participate in the NURSE CORPS LRP, to determine my compliance with the NURSE CORPS LRP service requirements. "Information pertaining to my employment status" includes, but is not limited to, my salary, dates of employment, number of hours worked, position held, leave hours/records, nurse licensure data, or the existence of a service obligation to my employer or the health care facility or school of nursing.
  
- ii. To assess my eligibility to participate in the NURSE CORPS LRP and, if I am selected to participate in the NURSE CORPS LRP, to determine my compliance with the NURSE CORPS LRP service requirements, I hereby authorize HHS, and/or its contractors, to release the following information to my current, former, or future employer(s) or the health care facility or school of nursing where I work as an RN or nurse faculty: my name, social security number and other information necessary to identify me.

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.

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Signature of Applicant Date

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Name – Printed Last 4 digits SSN

***Authorization for Release of Employment Information Form***

This form authorizes the applicant's employer or the health care facility where he/she works as an RN or nurse faculty to release information regarding the applicant's employment status to NURSE CORPS LRP. It also authorizes HHS, and/or its contractors, to release information to the applicant's employer or the health care facility where he/she works as an RN or nurse faculty for purposes of determining his/her eligibility and compliance with the service requirements if he/she receives a NURSE CORPS LRP award. If the applicant is awarded a NURSE CORPS LRP contract, his/her employment status will be verified semiannually.