



## 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)