

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

FORM APPROVED:
OMB Approval No. xxxx-xxxx
Exp. Date: x/xx/xxxx

*See Estimated Average Burden Time
per Response on Reverse Side.*

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
REQUEST FOR CREDIT VALIDATION**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS	

WITH THE SUBMISSION OF THIS FORM I GRANT THE IHS SCHOLARSHIP PROGRAM PERMISSION TO RELEASE PERTINENT INFORMATION FROM MY FILE TO A CREDIT CARD COMPANY, BANK, DEPARTMENT STORE, ETC.

IF YOU WOULD TO LIMIT THE RELEASE INFORMATION, INDICATE THOSE ENTITIES TO WHOM YOU WISH TO HAVE YOUR INFORMATION RELEASED.

RECIPIENT'S SIGNATURE	DATE
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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.
