Form Approved
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BUREAU OF HEALTH WORKFORCE

NURSE CORPS SCHOLARSHIP PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize:
(Print Name - First, Middle Initial, Last)

1) The school where I am accepted for enrollment/am enrolled/was enrolled while applying for and participating in the Nurse Corps Scholarship Program to disclose information pertaining to my school enrollment to the Department of Health and Human Services (DHHS), and/or its contractors. Information pertaining to my school enrollment includes, but is not limited to, my transcripts and grades, academic standing, enrollment and degree status, curriculum and examination requirements for graduation, tuition and fees, leave-of-absence, withdrawal, or dismissal from school. This information will be used by DHHS to determine my eligibility to continue to receive scholarship benefits and the amount of those benefits.

2) The entity/entities where I am/was approved to provide service in satisfaction of my Nurse Corps Scholarship Program obligation to disclose to DHHS, and/or its contractors, information pertaining to my compliance with the Nursing Scholarship service requirements. Such information includes, but is not limited to, my practice location(s), practice responsibilities, work schedule or other documentation indicating the hours that I worked and the hours I was away from the site, records relating to my work performance and (if applicable) the circumstances relating to the termination of my employment at the service location.

3) The DHHS, and/or its contractors, to release my name, address(es) and social security number to see if I appear on the Excluded Parties List System.

This authorization takes effect on the date that I sign this release form. If I do not become a participant, this authorization shall remain in effect one year from the date that the authorization is signed and dated, or until this authorization is revoked by me in writing. If I become a participant, the above authorizations shall remain in effect until the date my Nursing Scholarship commitment has been fulfilled.

_____ _____
(Signature of Individual) (Date)

Please upload to the Nurse Corps SP Portal: https://programportal.hrsa.gov/

Health Resources & Services Administration