

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

FORM APPROVED:
OMB Approval No: 0917-0006
Exp. Date: 08/31/2013

*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"/>	
DEGREE TRACK	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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