DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

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

PUBLIC LAW 94-37 - TITLE I SOCIAL SECURITY NUMBER ECIPIENT'S NAME SOCIAL SECURITY NUMBER SOCIAL SEC		INDIAN HE	ALIH SERVICE		Exp. Date: 08/31/2013	
EGPENT'S NAME SOCIAL SECURITY NUMBER PHONE: CELL D HOME D PHONE					See Estimated Average Burden Time per Response on Reverse Side.	
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 NAME					
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