



*The Navajo Nation
Whippoorwill Chapter*

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Jennifer Begay, President

Elroy Bahe, Vice President

Vacant, Secretary/Treasurer

**SCHOLARSHIP FINANCIAL ASSISTANCE
STUDENT CONSENT TO RELEASE INFORMATION**

Whippoorwill Chapter requires your written authorization to release your confidential information. This requirement is in compliance with the Privacy Act of 1974 (Public Law 93-579) to protect and control the Federal Government's collection and dissemination of personal information on individual citizens. The Act does not allow any person(s) to have access to an individual's information without consent, therefore, to authorize release of any information to person(s) other than yourself; you must provide consent in writing.

This form will allow you to authorize the school or institution you are attending to release confidential information to Whippoorwill Chapter to determine your eligibility for assistance with the Chapter Student Financial Assistance Program. You can limit the amount of information you want released to Whippoorwill Chapter. Please complete and return the information to Whippoorwill Chapter. This form will only be used for the semester(s) you are applying for.

Applicant's Name:	Social Security Number:
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I authorize the following school to release the following information to Whippoorwill Spring Chapter Administration to determine my eligibility for Chapter Student Financial Assistance Program: (Please Print)

Name of Institution:	Full access _____	Type of information to be released:
1. _____	Full access _____	_____
2. _____	Full access _____	_____
3. _____	Full access _____	_____

Applicant's Signature:	Date:
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