



OFFICE OF NAVAJO NATION SCHOLARSHIP & FINANCIAL ASSISTANCE



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JOE SHIRLEY JR.
PRESIDENT

BEN SHELLEY
VICE PRESIDENT

Student Consent to Release Information

ONNSFA 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 designate who will have access to your ONNSFA file or records. You can also limit the amount of information we can release to those individuals. Please complete and return the following information to your ONNSFA agency.

Applicant's Name: _____ **Social Security No:** _____

I authorize the following individual(s) to have access to my ONNSFA folder to make inquiries on my behalf regarding my application status and eligibility. (Please Print)

- | | | |
|--------------------------------|-------------------|-----------------------|
| 1. _____
Name of Individual | Full access _____ | *Limited access _____ |
| 2. _____
Name of Individual | Full access _____ | *Limited access _____ |
| 3. _____
Name of Individual | Full access _____ | *Limited access _____ |

- *Limited access only - please specify below what access the individual is limited to:

Applicant's signature: _____ **Date** _____
(Not valid without Student Signature)