Coeur d'Alene Tribe, Department of Education
Application Right to Privacy Form

Tribal ID#: _____

1. Name _____ 2. Email: _____
   Last First M.I.

3. Permanent Address: _____ State: _____ Zip:_____

4. College Address: _____ State: _____ Zip:_____

5. Phone : (___)_____ (___)_____ (___)_____ 6. Birth date: _____
   Home Cell Work

7. Social Security #: _____ 8. Are you currently in High School? Y N

9. High School Graduation Date: _____ GED Completion Date: _____

11. Institution Attending: _____

12. Address of Institution: _____ State: _____ Zip:_____

13. Major: _____ 14. Minor: _____

15. School System: ____ Quarter ____ Semester 16. School Year: _____

17. Student Status: ___ Freshman ___Sophomore ___ Junior ___ Senior ____Graduate 18. ___ New ___ Continuing

19. Military Veteran: Y N 20. Program : Certificate/Diploma AA Bachelors Masters Doctorate

21. Have you received HED or AVT funding in the past?: _____ if so, when?: _____

Under the Federal Privacy Act of 1974 Federal Agencies cannot release information about you to anybody without your authorization.

1. The authorization for solicitation of the information on this form is 25 U.S.C., 13 (42 stat 208) and P.O. 84-959 (70 stat 986) as amended by P.L. 88-230 (77 stat 471.25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is to evaluate your request and to assist you before and during your training. After completion, parts or all of the information will be provided to employers for employment consideration
5. Failure to provide requested information may result in a delay or denial in receiving training.

I have read the above statements and I hereby provide the required information and authorize the use of such information as specified. I understand that any false information May cause my application to be disqualified. I also understand that if I unofficially withdraw without notification, I will be terminated from the program and may be required to refund the assistance provided. I authorize the education institution to release my grades, to an official of the Department of Education, upon request.

_____ _____
Signature Date

**********DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY**********

Date Received: _____ Received by: _____

Date of Postmark: _____ Program Referral: _____

Eligible: Y N Approved: Y N Date Approved: _____