



PRIVACY ACT FORM

I agree to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the study, which I have selected. I further agree that funds issued to me for education purposes by the Camas Path Equity Assurance Program will be used or repayment will be made to the Camas Path Equity Assurance Program. I understand that if I am eligible for other education funds, such as a PELL, etc., this will be included when computing my financial aid package and I agree to use funds for the purpose intended. **I authorize the school to release grade, attendance, and income information to the Camas Path Equity Assurance Program.**

Signature: _____ Date: _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 STAT. 208) and P.L. 84-959 (70 STAT.986) as amended by P.L. 88-230 (STAT. 471, 25 U.S.C. 309) 33.
2. Disclosure of the requested information is to determine your eligibility for financial aid.
3. The purpose of this information collection is to determine your eligibility for financial aid.
4. The routine use of this information is by Camas Path Equity Assurance Program/Tribal Learning Center officials, Kalispel Tribe Finance Department and school financial aid offices to evaluate your request to assist you during your education.
5. **Failure to provide requested information may result in a delay or denial in receiving financial assistance from the Camas Path Equity Assurance Program.**

I have read the above statement. I agree to provide the required information and authorize the use of such information to the extent of the purposes specified in the statement.

Applicant's Signature

Date