



DEPARTMENT OF HUMAN RESOURCES

EMERGENCY LOAN PROGRAM

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

NAME OF APPLICANT: _____ APPLICANT SSN: _____
(Please Print)

I authorize the people or institutions named below to make available to and among each other information specifically related to my employment and any other information that may be relevant in determining my eligibility to receive a loan under the terms of The Johns Hopkins Home Care Group Emergency Loan Program.

1. My designated supervisor, manager and/or director
2. The Johns Hopkins Federal Credit Union
3. The Department of Human Resources

I understand that the confidentiality of my records is strictly protected and I also understand that this confidentiality requirement extends to my supervisor and The Johns Hopkins Federal Credit Union for information related to this matter. I further understand that I may revoke this consent at any time in writing to the extent that action has been taken in reliance on it.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____