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Authorization for Release of Information Regarding the National Interest Waiver Application By California Department of Health Care Access and Information

Name of Applicant: _____

I have completed this authorization on my behalf as an applicant for the National Interest Waiver. By signing below, I acknowledge that I understand my privacy rights in connection with the National Interest Waiver application (Application) submitted to the California Department of Health Care Access and Information (Department). Specifically, I understand that the Department may disclose my information to persons or entities other than me, for the purpose of evaluating this Application.

I hereby authorize the Department to release confidential information contained in my Application to the United States Citizenship and Immigration Services (USCIS) and is valid through the final disposition of this Application.

Name of Recipient(s): _____

Applicant's Signature: _____ Date: _____