Pueblo de Cochiti Department of Education 255 Cochiti Street Cochiti Pueblo, NM 87072 505.465.3118



Pueblo de Cochiti Higher Education Program Statement of Privacy

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those as to:

- A. The authority (whether granted by statue, or by executive order of the President) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- B. The principal purpose or purposes for which the information is intended to be used;
- C. The routine uses which may be made of the information, as published pursuant to paragraph (4) (D) of this subsection and the requested information.

The Bureau of Indian Affairs Higher Education Assistance Program operates under the general authority of 24 USC Chapter 14, 42 Salute, 208 P.L. 67-85 with specific legislation contained in 25USC, Subchapter E, Part 32, Administration of Education Loans, Grants and other Assistance for Higher Education. In accordance with the accountability required for the administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting maintaining this data on individuals is for determining eligibility of the applicant and for providing the means of producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education Assistance under this program.

I have read the above. I hereby agree to provide the required information and authorize the use of such information

Student Name (print)

Student Signature

Date

Witness Name (print)

Witness Signature

Date

OPTIONAL: I authorize the Higher Education Program Staff to discuss any aspect on my Financial Aid Application with the person(s) listed below:

Contact Name (print)

Contact Name (print)

Student Authorization Signature:

updated 10.2024 - 1 -