

MONTANA ASSISTIVE TECHNOLOGY LOAN PROGRAM

Consent to Release Confidential Information

I hereby certify that I have read and understand this loan application. I certify that the information contained in the application is accurate and complete. I understand that any incorrect or misleading information on the application and/or attachments could result in rejection of the loan request or termination of the loan.

I hereby authorize the Montana Assistive Technology Loan Program (MATL), MonTECH and its partner financial institution(s) to share credit records and other information necessary to complete the review of my loan application for assistive technology. No credit information regarding this application will be shared outside of the MATL review process or with any individual not listed by the applicant on this release.

I acknowledge that the Montana Assistive Technology Loan Program may have access to this application or obtained in reviewing the loan request.

I understand that Montana Assistive Technology Loan Program is not responsible if the requested assistive technology does not function or is not suitable to my needs.

Name:

Date:

Signature:

If you wish, you may allow MATL to share information with other individuals who may be familiar with your situation. This may help the processing of your loan. Please call if you have any questions regarding this release form.

I hereby authorize the following individuals to share credit records and other information appropriate to the review process, with MATL and its partner financial institutions.

ILC, Case Manager, Assistant, etc. (If Applicable)

Name:

Phone:

Relationship to Applicant:

ALL INFORMATION IS KEPT CONFIDENTIAL