

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

DES/FAA
P.O. Box 19009
Phoenix, AZ 85005-9009
or fax to (602) 257-7031

**AUTHORITY TO RELEASE
STUDENT INFORMATION**

HEA ID:	
Date:	
Case Name:	
AZTECS No.:	Student ID No.:
Worker's D Number:	

The person whose signature appears below has requested your cooperation in releasing the following information. Please complete and return this form within 10 days.

AUTHORIZATION TO RELEASE INFORMATION / AUTORIZACION PARA DAR INFORMACION

I hereby authorize and consent to the release of any and all information requested below concerning myself and my household's members to the Arizona Department of Economic Security (DES).

Por la presente autorizo y doy my consentimiento para que se entregue al Departamento de Seguridad Económica de Arizona toda y cualquier información que se pide a continuación acerca de mí o de los miembros de mi hogar.

Student's Name (Last, First, M.I.) /
Nombre de Solicitante (Apellido, Nombre, Inicial): _____

Student's Signature / Firma de Solicitante: _____ Date: _____

TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION PROVIDING INFORMATION

- Student is attending: Half-time or more Less than half-time
- Does this curriculum require a high school diploma or General Education Diploma (GED) to enroll? Yes No
- Is this institution any of the following:
Business Technical Trade Vocational College University Other: _____
- Is this student enrolled in: WIOA Job Corps Other (Specify) _____
- Is the student enrolled in a regular curriculum? Yes No
- Does this student receive any type of financial aid? Yes No *If yes, please complete tables 7 and 8.*
- List all loans, scholarships, and grants awarded to the student.

NAME OF LOAN, SCHOLARSHIP OR GRANT	TITLE IV FUND		GROSS AMOUNT	DATE RECEIVED BY STUDENT	TIME PERIOD	
	YES	NO			START	END
A.						
B.						
C.						
D.						
E.						
F.						

8. List the student's expenses below:

STUDENT'S EXPENSES	AMOUNTS	STUDENT'S EXPENSES	AMOUNTS
Tuition		Books, Supplies & Equipment	
Fees		Medical Premiums	
Loan Origination Fees		Transportation	
Loan Insurance Premiums		Other (<i>Specify</i>)	

9. Does this student live on campus? Yes No
 If yes, what is the amount of rent? _____ Per: Semester Month
10. Does the student participate in a Meal Plan? Yes No
 If yes, does the plan cover more than 50% of 3 meals daily? Yes No
11. Does this student receive a monthly living allowance? Yes No If yes, amount: _____
12. What is the monthly contribution from the family \$ _____
13. Does the student participate in a Work Study Program? Yes No
If yes, please complete questions 14 through 16.
14. Name of Employer: _____
15. Date Started: _____ Hours Expected to Work Per Week: _____ Hourly Rate: _____
16. How Often Paid: Weekly Day of Week Paid: _____
 Bi-Weekly Day of Week Paid: _____
 Twice Monthly Dates: _____
 Monthly Date: _____

LIST GROSS PAY RECEIVED THIS MONTH AND LAST MONTH						
Date Received						
Amount						

Name of Person Providing Information: _____
 Title: _____ Phone Number: _____ Date: _____

AUTHORITY TO RELEASE STUDENT INFORMATION

- A. Purpose. To request student information from educational institutions.
- B. Completion. The worker completes identifying information on the form. The applicant will sign the form prior to routing. The individual completing this form for the educational institution will complete items 1 through 16, sign, date, etc.
- C. Routing. Original to the educational institution and retain the copy in OnBase. Upon receipt of the original, it must also be retained in OnBase.
- D. Retention. Retained in OnBase.

DO NOT MAIL THIS TO THE ADDRESS BELOW.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.