

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

**AUTHORITY TO RELEASE
STUDENT INFORMATION**

DES/FAA
P.O. Box 19009
Phoenix, AZ 85005-9009

↩ **Local Office Return Address** ↪

(Use the DES-166 envelope)

or fax to (602) 257-7031

Date _____	
Case Name (Last, First, M.I.) _____	
AZTECS NO _____	Student I.D. NO. _____
EW's Name _____	
Phone NO. _____	

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

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 Seguro Económico 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

- Is this student enrolled in school now? Yes No If no, last date attended _____
- Student is attending: Full-time Half-time or more Less than half-time
- School term began _____ and ends _____.
- Does this curriculum require a GED or high school diploma to enroll? Yes No
- List all loans (*VA included*), scholarships, and grants awarded to the student. Please include all terms or semesters:

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.						

6. List the student's expenses below:

ITEMS	STUDENT'S EXPENSES	EXPENSES BROKEN OUT TO THOSE LISTED ABOVE			
		A.	B.	C.	D.
Mandatory tuition					
Mandatory fees					
Loan origination fees					
Loan insurance premiums					
Books, supplies & equipment					
Transportation					
Medical					
Personal					
Other (Specify					

7. The total tuition expense is _____ to cover the period from _____ through _____

8. Are excess monies from grants and loans held until completion of course? Yes No

If yes, amount _____

9. Is this student enrolled in: WIA Job Corps Other (*Specify*) _____

10. Does this student live on campus? Yes No

If yes, what is the amount of rent? _____

Does rent include board/food? Yes No

QUESTIONS 11 AND 12 PERTAIN TO WORK STUDY

11. Does this student receive a monthly living allowance? Yes No If yes, amount _____

12. Date Started _____ Hours Expected to Work Per Week _____ Rate of Pay Per Hour _____

13. How often paid Weekly Day of Week Paid _____

 Bi-Weekly Day of Week Paid _____

 Twice Monthly Dates _____

 Monthly Date _____

LIST GROSS PAY RECEIVED IN THE MONTH OF:						
Month						
Amount						

Name of Person Providing Information _____

Title _____ Phone NO. _____ Date _____

Completion Instructions for FA-060
AUTHORITY TO RELEASE STUDENT INFORMATION

- A. Purpose. To request student information from educational institutions.
- B. Completion. The EW completes identifying information on form. The applicant will sign the form prior to routing. The individual completing this form for the educational institution will complete items 1 through 13, 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.

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