

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 / Autorización para dar información**

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 / Fecha: \_\_\_\_\_

School Name / Nombre de la Escuela: \_\_\_\_\_

Course of Study or Major / Area de Estudio: \_\_\_\_\_

Expected Graduation Date / Fecha Prevista de Graduacion: \_\_\_\_\_

**To be Completed by the Educational Institution Providing Information**

- Is this student enrolled in: WIOA Job Corps English as a Second Language (ESL) Courses  
Adult Basic Education Courses Literacy Courses Other (Specify) \_\_\_\_\_
- 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: \_\_\_\_\_
- Student is attending: Half-time or more Less than half-time
- 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](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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