

Verification of School Attendance *Verificación de Asistencia Escolar*

Date _____

• Worker's D-Number _____

Case Name *(Last, First, M.I.)* _____

Case Number _____

• HEA ID _____

To The School Administrator: The person whose signature appears below has requested your cooperation in releasing the following information. Please complete and return this form *within 10 days* from the above date, to the Department of Economic Security.

Authorization To Release Information / Autorización para dar información

I, as parent or caretaker relative of the child(ren) listed below, authorize the release of the requested information to the Department of Economic Security.

Yo, padre/madre/pariente a cargo del niño(s) nombrado a continuación, autorizo a que se dé la información solicitada al Departamento de Seguro Económico.

Name of Parent/Caretaker Relative (Last, First, M.I.) / *Nombre de Padre/Madre/Pariente a Cargo (Apellido, Nombre, S.I.)*

If you are completing this form electronically, typing your signature will constitute a valid signature.

Si está completando este formulario electrónicamente, escribir su firma con el teclado constituirá una firma válida.

Signature of Parent/Caretaker / *Firma de Padre/Madre/Pariente a Cargo*

Date / *Fecha*

Address (No., Street, Space or Apartment No.) / *Domicilio (Núm., calle, núm. de apto. o espacio)*

City/ *Ciudad* _____ State/ *Estado* _____ Zip Code/ *Código Postal* _____

Name of Child(ren) (Last, First, Middle)	Student's Birthdate	School Attendance			School Attendance For Last Full School Quarter			
		Date Entered	If Yes: P=Part Time F=Full Time	Date Withdrawn	Attendance Equals 90% or More		Is there Good Cause for the Child to Attend School less than 90%	
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No

1. Address shown on records for the child(ren): _____
2. Is the name of the parent/caretaker relative on the school record different from above? Yes No
If yes, it is _____
3. Is the address of the parent/caretaker relative on the school record different from above? Yes No
If yes, it is _____
4. Is the address of the child(ren) on the school record different from that of the parent/caretaker relative above? Yes No
If yes, it is _____
5. Is there a student in the 12th grade? Yes No
If yes, the date of the student's last scheduled class is _____ Graduation Date: _____
6. If the student attends boarding school, do they return home on weekends or holidays? Yes No

Return To: Arizona Department of Economic Security **Or Fax To:** (602) 257-7031 or 1 (844)680-9840
 P.O. Box 19009
 Phoenix, AZ 85005-9009

The following information is needed for extended Cash Assistance only:

Less than 90% School Attendance (Good Cause Reasons):

If any child(ren) have less than 90% attendance in the last full school quarter, is there a good cause reason for the child being below 90% attendance?

Please check the box(es) below if any of the conditions apply:

The child's physical or mental condition is such that either school attendance is prohibited or it is determined that school is not in the child's best interest.

The child has presented reasons to the public school for non-attendance that are satisfactory to the school principal or the school's designee.

The child is enrolled in a vocational, technical, career, or educational training program that meets the educational standards established and approved by the Department of Education.

The child was suspended or expelled from a public school and the school has not directed the child to participate in an alternative education program.

Name Of School Official (*Print*) _____

Title _____

If you are completing this form electronically, typing your signature will constitute a valid signature.

School Official's Signature _____ Date _____

Name Of School _____

Address (*Street, No.*) _____

City _____ State _____ Zip Code _____ Phone Number _____

Completion Instructions for FAA-0075A
Verification of School Attendance

- A. Purpose. To verify school attendance.
- B. Completion. The EI completes the **Date, Case Name, Case No., E.I.'S Name and E.I.'S Phone No., Name of Parent/Caretaker Relative, Address and Name of Child(ren)** including the mailing address and return address. The parent/caretaker relative authorizes the release of the information by signing his/her name and entering date of signature. The school official completes the remainder of the form.
- C. Routing. The original is sent to the school and a copy is retained in the case file. The file copy may be destroyed upon receipt of the original from the school.
- D. Retention. Retained in the case file until destroyed.

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Esta entidad es un proveedor que brinda igualdad de oportunidades.

Agencias de DES/TANF son empleadores y programas de igualdad de oportunidades • Bajo los Títulos VI y VII de la Ley de los Derechos Civiles de 1964 (Títulos VI y VII) y la Ley de Estadounidenses con Discapacidades de 1990 (ADA por sus siglas en inglés), Sección 504 de la Ley de Rehabilitación de 1973, Ley contra la Discriminación por Edad de 1975 y el Título II de la Ley contra la Discriminación por Información Genética (GINA por sus siglas en inglés) de 2008; el Departamento prohíbe la discriminación en la admisión, programas, servicios, actividades o empleo basado en raza, color, religión, sexo (incluyendo identidad de género y orientación sexual), origen, edad, discapacidad, genética y represalias. Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con la oficina local; Servicios de TTY/TDD: 7-1-1. • Ayuda gratuita con traducciones relacionadas a los servicios del DES está disponible a solicitud del cliente. • Available in English online or at the local office