

**Information Release Form for Educational Scholarships and Tuition Grants for
Disabled/Displaced Students**

For purposes of the Disabled/Displaced Scholarship Program, I permit the Arizona Department
of Revenue to provide information regarding the eligibility status and scholarship/grant limitation

for _____ (student's name) to the following School

Tuition Organization:

_____.

STO Contact Person _____

Phone _____

Fax _____

Parent/Guardian Name (please print)

Signature

Date

Please fax form to: (602) 716-7991
Attn: Karen Jacobs
Office of Economic Research and Analysis
Arizona Department of Revenue