![C:\Documents and Settings\ramseys\Local Settings\Temporary Internet Files\Content.IE5\7RUT3WKS\DFPS_v-100[1].jpg]() NAME OF STUDENT (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR RELEASE OF INFORMATION

FOR THE EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

Your participation in the Education and Training Voucher (ETV) Program is protected by Federal and State confidentiality laws. As a condition of enrolling in the ETV program, certain personal information will need to be shared with another person, business or school representative for the purpose of making financial arrangements using ETV funds. The ETV Provider may make these financial arrangements to secure housing, pay tuition and fees, pay for child care, books, or set up payments for utility/phone accounts.

**Note-**Students enrolled in the ETV Program and attending the ***first and second academic year*** of a higher education institution (including vocational/technical schools) must have basic living expenses paid directly to a landlord, vendor, or school. This consent allows the ETV Provider to make such payment arrangements.

I understand that I may cancel this consent at any time by informing the ETV Provider in writing.

□**I authorize and request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (ETV Provider Name)

**to release information to arrange financial assistance using ETV funds.**

If known, please indicate which people or businesses that the ETV Provider may release my information to. This information may be provided after approval for the ETV Program and attachments may be included.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Ex-University of Texas-Financial Aid Office)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Ex.-ABC Apartment Complex)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Ex-XYZ Utility Co.)

□ I decline to have my personal information released. By declining, ETV payments may be delayed.

I have read and understand the Consent to Release information outlined in this document. I understand that any information about me may not be released, verbally or in writing, without my written consent.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student)

A new consent form must be signed each year (from the date above or earlier) that you are enrolled in the ETV program.