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TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM CONSENT FOR RELEASE OF INFORMATION

This form authorizes the State Department of Education to share personally identifiable information with **Support for Catholic Schools, Inc.** (scholarship granting organization) in accordance with 2014 Senate Substitute for House Bill 2506 which contains provisions for the Tax Credit for Low Income Student Scholarship Program. Enrollment with a qualified school, should the child qualify for the program and receive a scholarship, would begin _____.
(Indicate August or January semester and year)

By signing and dating this Consent for Release of Information form, the child’s legal guardian grants consent to the State Department of Education to verify the eligibility of the child to participate in the Tax Credit for Low Income Student Scholarship Program.

This consent will remain in effect until it is revoked in writing by parent/guardian. The parent/guardian signing this form has the right to revoke this consent at any time. **Parents should submit this form to the scholarship granting organization and not to the Kansas Department of Education.**

Printed Name of Child

Date of Birth

 Printed Name of Child

 Date of Birth

 Printed Name of Child

 Date of Birth

 Printed Name of Child

 Date of Birth

 Printed Name of Child

 Date of Birth

 Printed Name of Child

 Date of Birth

Parent/Guardian Signature

Relationship

Printed Name of Parent/Guardian

Date

Legal Address of the Child

Parent/Guardian Phone Number