

VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM
AUTHORIZATION TO RELEASE GRADES

Students agree to allow their college or university to the release the final course grade for all courses paid with Virginia Child Care Provider Scholarship Program funds.

Please complete, sign, and submit this form, no later than the first day of class, to the college or university office that is responsible for releasing grades.

I, _____, give my permission for _____
Student Name Name of College or University

to release my final course grade(s) to the Virginia Child Care Provider Scholarship Program for all courses that are paid with VCCPSP funds. The VCCPSP is a program of the Virginia Department of Education.

This authorization is effective from the date signed and remains in effect indefinitely.

Student Signature _____

Student's Social Security Number _____

Student's College ID _____

Date Signed _____

NOTE: This form is to be submitted to the College or University. Please do not submit this form to VCCPSP.