

VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM AUTHORIZATION TO RELEASE GRADES

When students receive a scholarship, they agree to allow the college or university to the release the final course grades for all courses paid with Virginia Child Care Provider Scholarship Program funds.

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

I, _____, give my permission for _____
(student name) (name of college or university)

to release my final course grade(s) to the Virginia Child Care Scholarship Program for all courses that are paid with VCCSP funds.

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

Student Signature _____ Date: _____

Student's Social Security Number: _____

College Student ID Number: _____

Do not submit this form to VCCSP.