

Attachment 8

**Information Release Form for the Disabled/Displaced Scholarship Program**

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

\_\_\_\_\_ (student's name) to the following School

Tuition Organization: \_\_\_\_\_.

STO Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (please print)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Or email to: [kjacobson@azdor.gov](mailto:kjacobs@azdor.gov)