Tom Horne
Superintendent of
Public Instruction

Consent for Access to
Release Scholarship Records
Robert C. Byrd Honors Scholarship

State of Arizona

Department of Education

Name of Recipient: First, Last, Middle Initial:	Social Security Number:	Date:

Consent to Access Scholarship Records

Access to Educational Records does not give permission to make changes to a recipient's records.

Check One:

☐ **One Time Use**: This authorization can be used only once.

For One Time Use, Follow the Steps Below:

1. The recipient must complete this form, checking the One Time Use box above.
2. Then the recipient must provide the person they have chosen to give access to their records with this form.
3. The person requesting access to the recipient's records must present this form.

☐ **Limited Use:** This authorization expires on:

☐ **Long Term Use:** This authorization will remain continuously in effect until I withdraw this authorization in writing.

For Limited or Long Term use, Follow the Steps Below:

1. The recipient must complete this form, checking either the Limited Use box and stating an expiration date, or the Long Term Use box above.
2. The student must then submit the completed form to the Robert C. Byrd Scholarship Coordinator at:

Arizona Department of Education
Robert C. Byrd Scholarship Coordinator
1535 West Jefferson Street, Bin #22
Phoenix, AZ 85007

Please note the information may not be faxed to ensure the original signature is in place.

Recipient Signature

Date

Name and Relationship to Recipient of Individual to Whom Access to Records May be Provided

Address of Individual to Whom Access to Records May be Provided

Print Form