



900 S.W. Jackson Street, Suite 102  
 Topeka, Kansas 66612-1212  
 (785) 296-3201  
 www.ksde.org

## 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 \_\_\_\_\_ (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**



900 S.W. Jackson Street, Suite 102  
 Topeka, Kansas 66612-1212  
 (785) 296-3201  
 www.ksde.org

## Consent for Disclosure Sharing Information with Other Programs

Dear Parent/Guardian:

**You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.**

To save you time and effort, information about your children’s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No, I DO NOT** want information about my children’s eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes, I DO** want school officials to share information about my children’s eligibility for Child Nutrition Program benefits only with the programs I have checked below.
  - Tax Credit for Low Income Students Scholarship Program

If you checked yes to the boxes above, fill out the form below. Your information will be shared only with the program you checked.

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call:

KSDE Official’s Name: Nicole Norwood

Phone: 785-296-2020

**The Scholarship Granting Organization should mail this form to the address below:**

*KSDE, Attn: Nicole Norwood, 900 SW Jackson Street Suite 356, Topeka, KS 66612*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.