TN Department of Children's Services

Authorization to Release Academic Information
DCS Tuition Assistance Programs

Purpose: This form permits participants to the DCS BSW/BSSW Stipend Program, DCS MSW/MSSW Tuition Assistance Program, Graduate Reimbursement Program, or Child Welfare Leadership Programs to authorize their university to release to the Tennessee Department of Children's Services (DCS) information required for selection and ongoing verification of their eligibility to receive funds through a DCS financial assistance or certification program.

****AUTHORIZATION****
THIS FORM MUST BE SIGNED AND DATED IN ORDER TO RELEASE INFORMATION AND PARTICIPATE IN THE DCS TUITION ASSISTANCE PROGRAMS

Tuition Program:

- ☐ **DCS BSW/BSSW Stipend Program**
- ☐ **DCS Certification Program**
- ☐ **DCS MSW/MSSW Tuition Program**
- ☐ **Employee Graduate Tuition Reimbursement Program**
- ☐ **Child Welfare Leadership Program**

University: _____

I, the student/applicant, hereby authorize the university noted above to release either in writing or verbally information needed to inform selection and verification of ongoing verification of eligibility to receive funds through a DCS Tuition Assistance or Certification Programs to which I am applying (noted above). I hereby consent to the release of educational information by the university to DCS. This includes, but is not limited to, information about my student account; financial aid; academic status, history, or performance; field performance; or other information appropriate to the aforementioned purpose.

This authorization is valid upon signature until thirty (30) days after earning a BSW/MSW/MSSW/Graduate degree at the university noted above.

_____	_____	_____
Student Name	**Student Signature**	**Date**