



Guardian Name: _____

Authorization for Release of Information

D.C. Opportunity Scholarship Program

Applicants for scholarships from the Opportunity Scholarship Program can meet the income requirements for eligibility by demonstrating receipt of SNAP/TANF benefits. Serving Our Children (SOC) would like your permission to verify your receipt of SNAP/TANF benefits from the District of Columbia. Once you have completed this form, SOC will submit to the District of Columbia on your behalf. Confirmation of your benefits will be sent directly to Serving Our Children.

While this release form is designed to assist us with obtaining necessary information, completing this form does not guarantee information will be received by SOC in a complete and timely manner. Please know, delays occur when requesting information from the District of Columbia and until SOC confirms your benefits with the District of Columbia, you will continue to receive notification that your application is incomplete. Please understand that you are responsible for submitting required documents to SOC, and it may be necessary for you to follow-up directly with the District of Columbia to obtain the necessary information, or provide other income documentation to SOC.

ATTENTION: District of Columbia City Government

The person listed below is applying and/or renewing their D.C. Opportunity Scholarship application. In order to prove eligibility, they need to provide their SNAP/TANF benefits income information received from the District of Columbia. Please verify that the person listed below currently receives SNAP and/or TANF benefits from the District of Columbia:

Name _____

Address _____

Last four of Social Security _____

Phone Number _____

Case Number (if known) _____

Certification

I hereby request and authorize the District of Columbia to provide Serving Our Children any and all information regarding benefits I am currently receiving from the District of Columbia, and to permit the examination of, copying and/or reproduction or otherwise, by this organization of all or any portions desired by them of my file to determine my eligibility for the D.C. Opportunity Scholarship Program.

I also authorize you to furnish any other oral and written reports relevant to my case and in your custody, that Serving Our Children may request.

Signature

Name (*Print*)

Date