

### 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: [America's Scholarship Konection](#).

STO Contact Person: [Amy Luksza](#)

Phone: [866-622-4275](tel:866-622-4275)

Fax: [866-622-7745](tel:866-622-7745)

Email: [amy@askscholarships.org](mailto:amy@askscholarships.org)

\_\_\_\_\_  
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)