

**Big Sandy Area Community Action Program
Head Start**

**230 Court Street · Paintsville, KY 41240
606-789-1600 phone · 606-789-5192 fax**

Release of Information

Name: _____

By signing and dating this form, I hereby give permission for any college I am attending to disclose my financial assistance status with the following employee of the Big Sandy Area Community Action Program Head Start Grantee Office:

Danielle Burchett, Quality Control Manager

If I have been awarded any form of state or federal grant, the amount is to be deducted from my tuition bill prior to sending a third party bill to the Big Sandy Head Start program.

Signature: _____

Date: _____

Last 4 Digits of Social Security Number:

This form will remain valid for the entire college school year. An updated form will need to be obtained for future semesters of enrollment.