

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD DEVELOPMENT

VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM

AUTHORIZATION TO RELEASE GRADES

Instructions: As part of the agreement to receive a scholarship, you must agree to the release of final course grades for all courses paid with Virginia Child Care Provider Scholarship Program funds to the Virginia Department of Social Services. Please complete and sign this form and provide it to the institution's office that is responsible for releasing grades no later than the first day of class.

I, _____, give my permission for
Student Name

_____ to release my final course grade to the Virginia
Name of Institution

Department of Social Services for all courses that are paid with Virginia Child Care Provider Scholarship Program funds. This authorization is effective from date signed and remains in effect indefinitely.

Date: _____

Student Signature _____

Student's Social Security Number: _____

College Student (Empl ID) Number: _____

Please do not submit this form to VDSS. This form should be sent to the Institution of which you received a VCCPSP scholarship.