

**Education & Training Voucher (ETV) Grant
Release and Consent Form**

Signing this form will allow officials at your college or university to release information about your grades, financial aid and enrollment status to the ETV coordinator. The ETV coordinator uses this information to determine your eligibility for the ETV Grant.

I, _____, voluntarily grant permission to the staff
(Print Name)

at _____ to release information about my:
(Print Name of Your College or University, ADDRESS, PHONE #, CONTACT PERSON & EMAIL)

- Grades
- Student Account
- Financial Aid
- Enrollment Status
- Graduation Date

to the individuals and/or organizations listed below:

Tonia Smith
ETV & Foster Care Grant Coordinator
Iowa College Student Aid Commission/ Iowa Department of Human Services

This release shall remain in effect as long as I am enrolled as a student at the institution named above.

(Student Signature)

(Today's Date)

Return completed consent forms by mail to the ETV coordinator at:

Tonia Smith, ETV & Foster Care Grant Coordinator
Adult, Children & Family Services
Hoover Bldg., 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319-0114

OR

Fax to 515-281-6248, Attn: Tonia Smith **OR** scan and email to tsmith2@dhs.state.ia.us