



Vermont Association for the
Education of Young Children

AUTHORIZATION TO RELEASE ACADEMIC INFORMATION

A recipient of the T.E.A.C.H. Early Childhood® VERMONT Scholarship Program, I

_____,
(Full Name)

hereby authorize the following colleges/universities to release the following academic information to VT Association for the Education of Young Children upon the request of the TEACH Early Childhood Vermont:

- Grade reports: To ensure that I have met the level of academic performance required for the continuation of the scholarship award made to me by the TEACH Early Childhood Vermont.
- Course schedules: To ensure that the academic institution I am attending is billing VT Association for the Education of Young Children for authorized courses.

(College/University)

(College/University)

(College/University)

If you attend multiple colleges/universities, please list all college/universities of attendance.

This authorization shall be in force for the duration of my scholarship contract and will need to be renewed each contract year.

(Signature of T.E.A.C.H. Scholarship Recipient)

(Date)

