



DEPARTMENT OF HIGHER EDUCATION & WORKFORCE DEVELOPMENT

My signature below authorizes the Missouri Department of Higher Education and Workforce Development to share information regarding the Dual Credit/Dual Enrollment Scholarship application of

Student Name

with the entity or entities marked below, and the dual credit/dual enrollment providers listed on the application. This release is limited to information related to the student's eligibility for an award, and the certified award amount, under the Dual Credit/Dual Enrollment Scholarship program.

For students qualifying based on their **Free and Reduced Lunch eligibility**:

Missouri Department of Elementary and Secondary Education and/or the high school the student named above attends

For students qualifying based on their **living in a foster home or being a ward of the state**:

Missouri Department of Social Services, Children's Division

For **homeless** students:

The high school the student named above attends.

For students qualifying based on their **family's receipt of low income public assistance**:

Missouri Department of Social Services, Family Support Division and/or Missouri Department of Health and Senior Services

For students qualifying based on their **living in federally subsidized public housing**:

U.S. Department of Housing and Urban Development

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Check here if a School Liaison Officer for an unaccompanied youth under 42 USC §11434a(6) of the McKinney-Vento Act.

I am eighteen (18) years of age or older and the qualifying benefit is in my name.

I am an *unaccompanied youth* under 42 USC §11434a(6) of the McKinney-Vento Act and am authorized to sign on my own behalf under section 431.056, RSMo.

Signature of Student

Date