



# 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

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Student Name

with the entity or entities marked below, and the dual credit/dual enrollment providers listed on the application for the purpose of verifying the student's eligibility for an award, and the certified award amount, under the Dual Credit/Dual Enrollment Scholarship program. Information may be shared, if necessary, to verify data furnished by state or federal governments as provided for in the Privacy Act of 1974, 5 U.S.C. sections 552, 552a. With my signature, I am agreeing that my information can be disclosed notwithstanding the confidentiality requirements of 42 U.S.C. section 1758(b).

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 being in custody of Children's Division (**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

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

U.S. Department of Housing and Urban Development

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Signature of Parent or Legal Guardian

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Date

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Printed Name of Parent or Legal Guardian