

Army National Guard Up-Front Tuition Assistance Authorization

STUDENT NAME:

SSN:

RANK/GRADE:

SCHOOL NAME:

SCHOOL ADDRESS:

ENROLLMENT INFORMATION

TERM DATES:

START DATE:

END DATE:

COURSE NUMBER	TITLE	CREDIT HOURS

GOVERNMENT SHARE	STUDENT SHARE	TOTAL TUITION
\$	\$	\$

Student Information: I hereby authorize the release of academic information (course grades, completion status) by the above institution to DANTES. I understand non-receipt of grades will result in collection of monies from me and may delay future tuition assistance. I have read the Statement of Understanding on the reverse of this form and agree to its provisions.

Student's Signature

Date

Student's Phone Number

Authorization Number

Date Authorized

Signature of Education Services Officer

Student and ESO must sign authorization before payment will be made.

School Information: Return this form with your invoice and the DANTES Distance Learning Enrollment Form for Service Members to the address shown below for payment. If student cancels or withdraws from class, please notify the office below.

DANTES
Code 20J
6490 Saufley Field Road
Pensacola, FL 32509-5243

IMPORTANT: *Privacy Act Statement* appears on reverse.