

Enrollment Verification Release Form

I, _____, allow the release of my
(Student name)

enrollment status at _____
(College/University)

for the life of my scholarship to:

Texas Academic Decathlon
Rick Hopkins, Executive Director
1141 North Loop 1604 E, #105, PMB 479
San Antonio, TX 78232 Phone 210-632-8796
director@txacadec.org

Print Name _____

Signature _____

Date _____

*****Please make two (2) copies of this completed form and:**

- ❖ **Send one completed copy to your college registrar/
financial aid officer**
- ❖ **Keep one completed copy for your records**

Thank you!