

**BOARD OF COUNTY COMMISSIONERS  
TUITION REIMBURSEMENT PROGRAM**



Authorization for Educational Institution to Disclose Financial and Course Information

**Instructions to Employee:**

Complete Section A and forward the form to your educational institution. Your educational institution must complete and sign Section B and mail the original to Miami-Dade County at the address provided for each term/semester for which you are seeking tuition reimbursement. No tuition reimbursement will be issued unless the original form is submitted to Miami-Dade County directly from the educational institution.

**SECTION A: AUTHORIZATION TO DISCLOSE COURSE INFORMATION TO MIAMI-DADE COUNTY**

(to be completed by employee seeking tuition reimbursement)

**TO:** \_\_\_\_\_

(Name of Educational Institution)

**FROM:**

Student Name: \_\_\_\_\_

Degree/Certificate/Course: \_\_\_\_\_

School/Faculty: \_\_\_\_\_

Student ID#: \_\_\_\_\_

It is the policy of the Miami-Dade County Board of County Commissioners to reimburse County employees for a portion of their tuition expenses after successful completion of approved coursework. Miami-Dade County will reimburse such tuition expenses after all financial assistance (except loans) has been deducted.

This authorizes \_\_\_\_\_ to fully disclose to Miami-Dade County, all information regarding transcripts, grade reports, and financial information for the \_\_\_\_\_ term(s)/semester(s) spanning the period from \_\_\_\_\_ through \_\_\_\_\_ requested in Section B below. I also authorize Miami-Dade County to obtain access to all my course, grade and financial records regarding this educational program for which I am seeking Tuition Reimbursement.

Authorized By: \_\_\_\_\_  
Employee/Student Signature

Date: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

District/Department: \_\_\_\_\_

**SECTION B: STUDENT GRADE REPORTS AND FINANCIAL DISCLOSURE**

(to be completed by educational institution)

For the student named above, please provide the following information (indicate the items provided and attach additional documentation as necessary). These documents and a copy of this form must be mailed, by the educational institution, directly to:

<b>Department Name</b>	_____
<b>Attention:</b>	_____
<b>Address:</b>	_____
	_____
	_____

- Official Transcript/Grade Report
- Payment receipts listing all charges and the amount of tuition paid and any amounts paid through financial assistance.
- Financial assistance received by the student. Below, list the type and amount of non-refundable financial assistance or attach appropriate supporting documents as necessary showing:

<u>Type of Assistance</u>	<u>Amount Received</u>	<u>Amount Applied to this reporting period</u>
Scholarships	_____	_____
Fellowships	_____	_____
Grants	_____	_____
Veteran's Benefits	_____	_____
Fee Waivers	_____	_____
Military Benefits including G.I. Bill	_____	_____
Employee Discount	_____	_____
Other financial assistance (explain)	_____	_____

- The student named above has not received financial assistance from this educational institution.

Signature: \_\_\_\_\_  
(Educational Institution Representative)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_