

AUTHORITY FOR TUITION ASSISTANCE – EDUCATION SERVICES PROGRAM								
PRIVACY ACT STATEMENT								
<p><b>AUTHORITY:</b> 10 U.S.C. 9013 and EO 9397.  <b>PRINCIPAL PURPOSE:</b> To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and records.  <b>ROUTINE USES:</b> Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information.  <b>DISCLOSURE IS VOLUNTARY:</b> Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance.</p>								
LAST NAME, FIRST NAME, MIDDLE INITIAL:				RANK:	DOB:	SSAN:		
-----				E-6	1/8/2007			
ORGANIZATION:			DUTY PHONE:		SCHOOL / UNIVERSITY:			
0003 FIELD INVESTIGATNS RG /TSO					UNIVERSITY OF PHOENIX ALL CAMPUS			
<b>Required Information</b>								
CBS70 - INFO MGMT IN BUSINESS	6404/2006 - 1565/2006	D	C	\$470.40	1	3	\$750.00	
REQ-FEES - REQUIRED FEES	6404/2006 - 1565/2006	X	X	\$0.00	3	1	\$0.00	
<input checked="" type="checkbox"/> Check if VA Top-Up will be used								
TOTAL LAB FEES:		TOTAL TUITION:		TOTAL GOV COST:		TOTAL STU COST:		
\$0.00		\$1,491.20		\$750.00		\$741.20		
CONDITIONS AND CERTIFICATIONS								
<p>I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 100% of my tuition and fees up to \$250 per QH and \$166.66 per QH. I understand that my annual fiscal year CAP is \$4500. I agree to pay the remaining amount and any other costs and fees. IAW AF1 36-2306, I will reimburse the Total Government Cost above for non-completions, withdrawals, or unsatisfactory grades due to reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 90-508). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AF1 36-2305 for update of my military record. I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADGC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement. All policies and conditions in AF1 36-2305 apply.</p>								
INITIAL:	I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.							
<input checked="" type="checkbox"/>								
SIGNATURE OF APPLICANT:					DATE:			
** // DIGITALLY SIGNED BY					3/23/2006 5:18:15 PM			
INITIAL:	Approved. The applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available.							
<input checked="" type="checkbox"/>								
DISAPPROVED BECAUSE:								
SIGNATURE OF EDUCATION SERVICES OFFICER REPRESENTATIVE:					DATE:			
** // DIGITALLY APPROVED BY					3/23/2006 12:23:31 PM			
MAIL INVOICE TO:					DOCUMENT INFORMATION:			
								
					TA-1345971			