



San José State
UNIVERSITY

**School of Social Work
Title IV-E Child Welfare Stipend Program**

AUTHORIZATION TO RELEASE STIPEND CHECK

I, _____ authorize the School of Social Work, Title IV-E Program to mail my stipend check on a monthly basis to the following address:

Also, I assume responsibility for providing the School of Social Work with U.S. stamps to mail my stipend checks. Additionally, I assume responsibility to notify the Title IV-E program of any change of address.

I, _____ authorize the following individual to pick up my Title IV-E Stipend check on my behalf.

Name: _____ **Relationship:** _____

DLN: _____

I assume responsibility for informing Title IV-E Staff of any changes to this form.

Signature

Date: