



**Submission Instructions**

Before completing this form, please contact an advisor to determine which types of benefits you are eligible for and which benefit you would like to receive. Benefit options vary by organization. Students are only eligible to receive one type of benefit at a time.

Print, sign, date, and submit a copy of this Corporate Tuition Benefit (CTB) Request form with your proof of eligibility:

- A. **New Students:** To your Enrollment Services Advisor along with your admissions application.
- B. **Current students:** To [benefiteligibility@ashford.edu](mailto:benefiteligibility@ashford.edu) or by fax to 877.805.2549.

Print Student Name: \_\_\_\_\_ Student ID/Date of Birth: \_\_\_\_\_  
Date of Birth for new students only

**Corporate Tuition Benefit Type Selection: Please select only one option below.**

- I would like to receive Corporate Tuition Benefits through my Employer.
  - **Employees:** Must be currently employed by Participating Organization at the time of submission.
    - Copy of a paycheck stub from the Participating Employer issued within the last 30 days; OR
    - An email from the student, human resources department, or supervisor with an officially issued email account of the Participating Employer stating: the student’s name, indication of an active employee/member status of the Participating Employer, and confirmation from the supervisor, you are eligible to receive the benefits outlined in the Agreement; OR
    - Direct Bill voucher or letter of credit from the participating Employer.
  
- I would like to receive Corporate Tuition Benefits through my Immediate Family Member.
  - **Immediate Family Member of Employees:** Immediate Family is defined as: spouse (husband, wife, or domestic partner) and children (biological, step-children, adopted, and/or foster children). Sponsor Employee must be currently employed by the Participating Organization at the time of submission.
    - Email from your Sponsor Employee from an officially issued email account of the Participating Employer. The subject line must read “New Immediate Family Member Savings Eligibility.” The body of the email must state the employee’s name, family member’s name, and the family member’s relationship to the employee; OR
    - Copy of the Sponsor Employee’s paycheck stub from the Participating Employer issued within the last 30 days along with a statement from the Sponsor Employee containing the employer name, Sponsor Employee’s name, family member’s name, and the family member’s relationship to the employee.
  
- I would like to receive Corporate Tuition Benefits through my Association.
  - **Members of Associations:** Must be an active member of the Participating Association at the time of submitting Benefit Eligibility documentation.
    - Copy of a valid membership ID card from the Participating Organization.



## Corporate Tuition Benefit Request

Employee, Immediate Family Member,  
and Association Member

Revised 1/28/19

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### Eligibility Steps

In order to continue or begin receiving benefits, as outlined in the Agreement between Ashford University and the Participating Employer or Organization, you must meet the requirements, complete the information below, and submit paperwork for approval.

For Employees, the Point of Contact should be a supervisor. For Immediate Family Member, this should be their Sponsor Employee. Students qualified for benefits through agency membership are not required to complete items B through D below. Only Organization name is required for membership benefits.

- A. Organization: \_\_\_\_\_
- B. Point of Contact: \_\_\_\_\_
- C. Point of Contact Title: \_\_\_\_\_
- D. Point of Contact Phone Number: \_\_\_\_\_

**Any of the following circumstances will result in removal of Corporate Tuition Benefits. Removal of Corporate Tuition Benefits will eliminate opportunities for future benefit increases or changes. If you are removed from Corporate Tuition Benefits for one of the reasons stated below, new paperwork will need to be submitted at time of re-enrollment to have your Corporate Tuition Benefits reinstated.**

- A. Withdrawal/dismissal from Ashford University;
- B. Break in enrollment of greater than 14 days without an approved Academic Leave Request.

If removed from Corporate Tuition Benefits, you may retain eligibility for your benefits under the College Continuation Benefit. You will not be eligible for any increase of Corporate Tuition Benefits unless you re-certify your corporate affiliation.

### Student Acknowledgement

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions concerning clarification of the process outlined above, please contact your Ashford University Academic Advisor.

### Authorization to Release Student Records to Employer (Required)

This form is used to give third party organization(s) permission to verbally speak to, and receive transmission of academic and financial student account-related information (detailed below) from Ashford University regarding your records, as needed for the purpose of administering the Corporate Tuition Benefits program between Ashford University, your employer, and any organization authorized by your employer to administer its tuition assistance offering.

In order to enable administration of the Corporate Tuition Benefit, when you sign this Authorization to Release Student Records to Third Party Organizations, you are authorizing Ashford University to communicate (both verbally and in writing)

with any third party organizations you name below, as well as any contractors used by that third party organization to administer and process the Corporate Tuition Benefits.



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### Third Party Organization Information

Please provide the following information for your third party organization:

Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Purpose of Release:** To allow the communication necessary between Ashford University, your employer, and any of its third party administrators that help manage the Corporate Tuition Benefit.

Releasing information to third party organizations rather than an individual will allow all individuals in those organizations to speak to or receive transmission of your records from Ashford University.

The student information submitted to the third party organization by the University is confidential information and shall be used only for the purposes stated in this agreement. The third party organization agrees not to share or disclose this data with any third-party outside of the purposes stated in this agreement, unless required to do so by law or other agency regulations. Failure to comply with the requirement not to release information, except for the sole purpose stated above, will result in cancellation of this agreement and the eligibility for the third party organization to receive any student information from the University.

### Information to be Released

**Personal** – Personal information, including, but not limited to Employer and/or Agency name, Corporate Tuition Benefits document status(es), full name, Student ID, and break status(es).

**Financial** – Billing related information, including, but not limited to financial aid information, account balances, account statements, outstanding payments due, and benefits earned.

**Academic** – Academic related information, including, but not limited to grades received, credits attempted and earned, Grade Point Average (GPA), unsuccessful grade information, student status, program, start date, course names, and periods of attendance.

### Authorization

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, Ashford University will only disclose confidential information from the educational records of students to third parties if the University has written consent from the student on file. Please sign below to advise the Office of the Registrar that you consent for the University to communicate with the third party organization you named, and any contractor authorized by the third party organization, including relevant portions of your educational record that may be necessary to administer the Corporate Tuition Benefits. *Please Note: The authorization that you provide by submitting this form will remain valid unless specifically revoked by you via a separately signed Revoke Authorization to Release Student Records form.*

I consent that Ashford University may disclose confidential information from my educational record to the third party organization listed above, including any contractor authorized by the third party organization.

By signing below, this form will serve as my written consent until revoked, and will be sent to the appropriate department for processing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Ashford University reserves the right to request additional documentation above and beyond what is listed in this form, in order to verify eligibility at any time.