

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES

OMB Control Number: 1820-0686
Expiration: 08/31/2014

Exit Certification

**For a Scholarship Received from a Personnel Preparation to Improve Services and Results
for Children with Disabilities
Grant Awarded in Fiscal Year 2006 and Any Year Thereafter**

To be completed by the Grantee Representative/Project Director when a scholar exits or completes the program:

Grant Award Number: _____

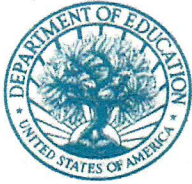
Institution of Higher Education: _____

Grantee Representative: _____

Project Title: _____

Service Obligation Information

Number of academic years IDEA scholarship assistance was received	
Date of program completion	
Total amount of IDEA scholarship assistance received	\$
Number of years of eligible work needed to satisfy the service obligation	
Time period during which the scholar must satisfy the service obligation	



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To be completed by the Grantee Representative or Scholar upon exiting or completing the program:

Scholar Contact Information

Scholar Name	
Scholar Social Security Number	
Scholar Address after Completing or Exiting the Program	
Scholar E-mail Addresses after Completing or Exiting the Program	
Scholar Telephone Number after Completing or Exiting the Program	
Phone number, address and e-mail address for the scholar's family member or friend who can forward mail, if necessary.	
Scholar's employer, if known (Agency name, address, and telephone number)	

I certify that the Service Obligation in this Exit Certification is correct.

Grantee Representative Signature

Date

I understand and agree that the Service Obligation and Contact Information in this Exit Certification are correct.

Scholar Name
(Please print)

Scholar Signature

Date