



**MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT  
BUSINESS SERVICES**

501 NORTH GULKANA STREET  
PALMER, ALASKA 99645  
Phone: 907-761-4001 • Fax: 907-761-4091

**PARENT/GUARDIAN AUTHORIZATION FOR  
DIRECT DISTRICT PAYMENT TO VENDOR FOR  
CORRESPONDENCE STUDY PROGRAM  
INSTRUCTIONAL SERVICES OR MATERIALS**

1. Correspondence School:
2. Student Identification Number: \_\_\_\_\_
3. Parent/Guardian Authorizing: \_\_\_\_\_
4. School Year:
5. Attach copy of contract or other documents between the parent/guardian and vendor setting forth the services or materials to be provided, and the tuition fees, costs, or other compensation to be paid to the vendor.
6. Payments by the District are subject to student allotment availability and the provisions of AS 14.03.310 as follows:  
A parent or guardian may purchase nonsectarian services and materials from a public, private, or religious organization with a student allotment provided under (a) of this section if:
  - (1) the services and materials are required for the course of study in the individual learning plan developed for the student under AS 14.03.300;
  - (2) textbooks, services, and other curriculum materials and the course of study
    - (A) are approved by the school district;
    - (B) are appropriate for the student;
    - (C) are aligned to state standards; and
    - (D) comply with AS 14.03.090 and AS 14.18.060; and
  - (3) the services and materials otherwise support a public purpose.
7. Parent/Guardian Signature and Date:

8. I hereby certify the following:

- (1) this payment is being requested by the parent or legal guardian on behalf of the student; and
- (2) the materials and services being paid for satisfy a requirement of the individual learning plan developed for the student under AS 14.03.300; and
- (3) there is sufficient student allotment available for the expenditure.

\_\_\_\_\_  
District Authorizing Signature

\_\_\_\_\_  
Date

**Instructions:**

First page to be completed by parent/guardian before providing to correspondence school, along with contracting documents, and vendor W-9 for review. If authorized, correspondence school must assign account code(s), enter amount, and vendor name and contact information before submitting completed form, along with contracting documents and vendor W-9 to MSBSD Accounting for payment processing.

**Note:**

This authorization may be revoked at any time by the parent/guardian providing written notice of revocation to the District. The District will provide a copy of the revocation to the vendor.

Account Code to be Charged: \_\_\_\_\_  
\_\_\_\_\_

Not to Exceed Amount: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Telephone Number: \_\_\_\_\_

Vendor Email Address: \_\_\_\_\_