

This Form Is ONLY For Use AFTER You Have Contacted Program Staff

Please call 877-644-6338, ask for Bev Russell or your Consultant

If your school has not received a records request from a different school for the student's check that you want to return, then please continue. If you did receive a records request, please contact Bev Russell at the number above.

THIS FORM IS ONLY FOR VOUCHER/CHECKS/PAYMENTS THAT ARE NOT OUTDATED-UNDER THE 90 DAY EXPIRATION DATE

Cleveland Scholarship □ EdChoice Scholarship □ Autism Scholarship □ Jon Peterson □		
Name of School		_School IRN
Your Name		_Phone Number
Date on Voucher		_Amount
Payable To		
Name of Student		
Reason for returning voucher:		
DO NOT USE TH	HIS FORM IF THE CHECK IS DATED BEYON	D THE 90 DAY LIMIT
Please copy all originals before submitting them to ODE.		
When form is completed mail the voucher and request form to:		
	Ohio Department of Education Attention: Bev Russell 25 S. Front St, Mail Stop 309 Columbus, Ohio 43215	
Should you have any questions please call 877-644-6338, ask for Bev Russell, or e-mail:		

ODE.SEEO.NEO.EC.ReturnVouchertForm.03.08.12

bev.russell@education.ohio.gov