

Only use the 3rd Party
Authorization Form
if you are attending
Austin Community College or
Texas State University.



City of Round Rock Education Assistance Program
AUTHORIZATION TO RELEASE INFORMATION
TO A THIRD PARTY

Employee Name: _____

Employee Social Security #: _____

I authorize the _____ to share personal and account-related information with my employer:

City of Round Rock
Human Resources
221 E. Main
Round Rock, TX 78664
512-218-5490

My signature below certifies that:

1) I am aware that documentation has been submitted from the City of Round Rock authorizing payment of certain educational expenses.

2) I understand that if the City of Round Rock refuses to pay any charges, then I am responsible for any outstanding balance on my account.

3) I authorize _____ to verify my enrollment and release information regarding my student account to the City of Round Rock Human Resources Department.

4) I understand that this form covers the _____ semester of the _____ academic year.

Employee Signature: _____ Date: _____

**Please send this completed form, along with your signed application,
to Human Resources.**