

The Foreign Degree Authorization Form

I, _____ authorize the below individuals to be included on all correspondence regarding the Foreign Degree Reimbursement process through the Pennsylvania Key. I understand this agreement only applies to Foreign Degree Reimbursement and communications with The Pennsylvania Key.

Authorized Contact Role (please select one):

Director

Assistant Director

Education Coordinator

ELRC Quality Coach

Individual Signature _____ Date _____

Authorized Contact Signature _____ Date _____

Pennsylvania Key Staff Review: _____ Date _____