



# Academic Opportunity *of* **Arizona**

## ESA Account Closure Authorization Form

Student Name:

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School Year ESA Was Received:

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By signing below, I, the parent/guardian of the student named above, acknowledge and agree to the following:

1. I will close the ESA account after receiving and using the Quarter 4 funds for the 2025–2026 school year.
2. I will provide Academic Opportunity of Arizona with proof of ESA account closure.
3. I understand that I will not sign an ESA contract for the 2026–2027 school year and will not participate in the ESA program for that academic year.

By signing this form, I certify that the information provided is accurate and that I fully understand and accept the implications of closing the ESA account.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name (Printed):

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