



Academic Opportunity
of **Arizona**

ESA Account Closure Authorization Form

Student Name: _____

School Year ESA Was Received: _____

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

- I will close the ESA account after receiving and using the final ESA funds for the applicable school year.
- I will provide Academic Opportunity of Arizona with proof of ESA account closure.
- I understand that by closing the ESA account, the student will no longer participate in the ESA program unless a new contract is executed in a future school 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): _____