



AMERICORPS EXIT FORM

This form will end the term of an AmeriCorps member in the National Trust and report on the eligibility of the member for an education award. It will also provide the Corporation with evaluation exit data.

DIRECTIONS TO MEMBER:

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1.
4. Return the completed form to your **Program Director**. AmeriCorps*VISTA members should return forms to the **Corporation State Office**.

PART 1 Member: Please Complete and Sign

1. Name _____
Last First MI

2. Social Security Number _____

3. Mailing Address (Where the education award should be sent)

Number and Street

City State Zip Code

E-Mail Address

Home Phone Business Phone Ext

4. Post Service Opportunities:

The Corporation for National and Community Service would like to encourage you to stay involved in service and help you connect with educational, professional, and alumni opportunities. If you are interested in staying connected with the following organizations, please let us know.

- Yes, I give the Corporation for National and Community Service permission to release my name, address (including e-mail), and telephone number to the following types of organizations:
- Educational institutions that are interested in recruiting former AmeriCorps members or that provide special programs for former members
 - Organizations offering professional development opportunities or staff positions to AmeriCorps members
 - AmeriCorps Alumni organizations
 - Organizations that sponsor service opportunities and want to recruit AmeriCorps members

I am particularly interested in the following issue areas (please mark all that apply):

- Education Public Safety Housing Environment Health Disaster Relief
 Homeland Security Faith and Community Based
- No, please do not share my information with other organizations

Certification of Service:

I certify that the time I reported as AmeriCorps service hours did not include any service activities prohibited by law, regulation, or grant provision.

I certify that all of the information provided above is correct.

Member's Signature: _____ Date: _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Privacy Act Statement – In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to obtain from AmeriCorps program representatives their determination of whether a member successfully completed a term of service and is eligible to receive an education award. The evaluative information will help the Corporation improve its programming and services to members. For individuals who have indicated their desire to receive additional information on alumni organizations or special educational opportunities for alumni, members' names, addresses, and phone numbers will be shared with those organizations for that purpose. Except as indicated here, no information will be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (28 U.S.C. 6011(b) and 6109), for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.
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