T.E.A.C.H. Early Childhood® MINNESOTA
Release Time Claim Form (Form C)

Sponsoring Program Information

Recipient’s Name: 

Center Name: 

Center Address: 

Director Name:

Semester/quarter covered by this claim (check one)

☑ Fall  ☐ Winter  ☐ Spring  ☐ Summer  

Total hours: _____

Year

Release Time Claimed

<table>
<thead>
<tr>
<th>Date</th>
<th># of Hours Off (round to the nearest 1/2 hour)</th>
<th>Date</th>
<th># of Hours Off (round to the nearest 1/2 hour)</th>
<th>Date</th>
<th># of Hours Off (round to the nearest 1/2 hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/01</td>
<td>2 hrs</td>
<td></td>
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T.E.A.C.H. Early Childhood® MINNESOTA will reimburse for up to 36 hours per quarter or 48 hours per semester for every “active” term (for a maximum of 144 hours per year) during which the recipient takes at least one credit covered by T.E.A.C.H.

I certify that the amount of release time being claimed is correct to the best of my knowledge. I understand that this information is being given for the receipt of reimbursement for release time; deliberate misrepresentation of the hours being reported may subject me to forfeiting my release time reimbursement and/or participation with the T.E.A.C.H. scholarship program.

____________________________
Signature of Program Director/Owner

I certify that all release time that is being reported has been given to me during the semester/quarter identified above.

____________________________
Signature of T.E.A.C.H. Scholarship Recipient

Send completed form to:
T.E.A.C.H. Early Childhood® MINNESOTA
10 River Park Plaza, Suite 820, St. Paul, MN 55107
Fax: 651-209-1761
Email: teach@childcareawaremn.org