



Arizona State Board for Charter Schools

Declaration of Payment, Benefit or Consideration

Complete form for *each* individual listed in the request. Have each form signed and dated by the individual listed below (or the Charter Representative) and upload as described in the appropriate instructions.

Charter Holder Information	
Name of Charter Holder Entity	
Name of individual being added/removed	

Check box below to indicate the type of request	
<input type="checkbox"/>	Adding Charter Representative <i>(An individual with the power to bind a Charter Holder contractually and the primary point-of-contact for communications regarding the Charter Holder)</i>
<input type="checkbox"/>	Adding Charter Principal <i>(Any officer, director, partner, or member of the corporate board of the Charter Holder)</i>
<input type="checkbox"/>	Adding School Governing Body Member
<input type="checkbox"/>	Removing Charter Representative <i>(An individual with the power to bind a Charter Holder contractually and the primary point-of-contact for communications regarding the Charter Holder)</i>
<input type="checkbox"/>	Removing Charter Principal <i>(Any officer, director, partner, or member of the corporate board of the Charter Holder)</i>
<input type="checkbox"/>	Removing School Governing Body Member

Check box below to indicate which statement applies	
<input type="checkbox"/>	For the specific request listed above, I have received no payment, benefit, or consideration in the transition.
<input type="checkbox"/>	For the specific request listed above, I have received payment, benefit, or consideration in the transition. Explain:

Signature	
Individual/Charter Representative's Signature: _____ Date: _____	