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(s) being added/removed	

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

Check box below to indicate which statement applies	
☐	For the specific request listed above, I have received **no** payment, benefit, or consideration in the transition.
☐	For the specific request listed above, I have received payment, benefit, or consideration in the transition. Explain:

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