



Arizona State Board for Charter Schools

Declaration of Payment, Benefit or Consideration

Use only when submitting a Charter Holder Status Amendment Request

Complete form for each individual listed in the request. Have each form signed and dated by the individual listed below 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"/>	Changing the entity name of the charter holder
<input type="checkbox"/>	Changing the legal status of the charter holder
<input type="checkbox"/>	Changing the ownership of the requesting charter holder to an existing charter holder with a different dashboard

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's Signature: _____ Date: _____	