

Authorization to Process Form IT-QEE-TP1

Donor Name(s): _____
Address: _____
City: _____
State: _____ Zip Code: _____
Date: _____
Email Address: _____

To Georgia Department of Revenue:

I/We hereby authorize Georgia Student Scholarship Organization (SSO), Inc (Georgia SSO, Inc.) to process our IT-QEE-TP1 Form for the approvals necessary to donate to the Qualified Education Expense Credit Program. These documents can be reproduced or transmitted electronically, as needed, to acquire the approvals for Form IT-QEE-TP1. All approved documents will be returned via email to the Donor unless otherwise instructed.

Sincerely,

Social Security #

Social Security #

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC, STATE OF GEORGIA
COUNTY OF _____

This document was acknowledged before me on _____ [Date] by
_____ [name of principal].

[Notary Seal, if any]:

(Signature of Notary Public)

My commission expires

Notary Public for the State of Georgia