**Nonpublic Equitable Share Release Form**

After consultation with the public school administrator, [insert nonpublic school name] and [nonpublic school code] agree to release [insert specific name of federal program and amount of unexpended funds] from grant year [insert year] to [insert Local Education Agency] because [insert reasonable and necessary rationale].

**Printed/Typed Names:**

Nonpublic School Official: [insert name]

Public School Official: [insert name]

**Signatures:**

Nonpublic School Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Public School Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Indiana Department of Education: Title Grants and Support**

Date Received:

Date Approved/Entered:

*Revised 3/2021*