Windham School District
Postsecondary Business
Attachment D-1

Postsecondary Education Reimbursement (PSER) Authorization Form

Institution: _____ Semester: _____

Unit: _____ Year: _____

In the event that other funding is not available, I agree to the utilization of PSER funds on my behalf for postsecondary programming. In addition, I understand and agree to repay any PSER funds expended on my behalf according to Parole Policy and Operating Procedure 3.1.6.

Student Name	TDCJ #	Student Signature

All documents should be submitted to postsecondary.business@wsdtx.org