



**Arizona Department of Education
Empowerment Scholarship Account (ESA)
Tutor/Teaching Services Facility
Accreditation Attestation Form**

Company Name: _____

Address: _____

Phone Number: _____

Email: _____

Tutor Name(s):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

By signing this form, I attest to the following:

- The tutors named above have a high school diploma (or higher degree) from an accredited state, regional or national accrediting organization per Arizona Revised Statute 15-2402(B)(4)(d).

Company Representative Name: _____

Company Representative Signature: _____

Date: _____