ACE EDUCATION REQUEST FORM

Associate Name and Title	Associate EID	Company	Personal Phone Number	Email Address	Mailing Address
matt					

Program of Interest Name:	Course Name(s):	Start Date(s):	School:

This is a request for approval to enroll in the following programs or courses under the Access to Certification and Education (ACE) program at the Ashford Group of Companies. I understand that the fees will be covered by the company in advance, and I commit to completing the programs or courses while keeping our organizational guiding principles in mind. My supervisor's approval below, to pursue professional credentials, confirms that I am in 'good standing' with my employment at the company.

I hereby certify that I am receiving tuition assistance from my employer, who may request and receive copies and/or electronic access to my education records, including but not limited to my grades, classroom attendance records and progress reports. I expressly waive any right to notification when my employer shall access these records. This consent is valid from the date set forth below until such time as written notification that said consent is withdrawn.

Associate Commitment Signature: _____ **Date:** _____

Corporate Department Head or GM Signature: _____ **Date:** _____

Human Resources Approval Signature:_____ **Date:** _____

SIGN AND RETURN TO REMU@REMINGTONHOTELS.COM