



# STUDENT AUTHORIZATION & EDUCATIONAL RELEASE

Year of HS Graduation \_\_\_\_\_ High School \_\_\_\_\_  
SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

(If college has not been selected, please notify DC-CAP once chosen)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize The **District of Columbia College Access Program (DC-CAP)** to have access to my high school/college/university academic, financial, and enrollment records. I authorize DC-CAP to amend this form with the name of a new institution in the event I transfer from the college designated above. I authorize DC-CAP to share my student record data with my institution of attendance. I authorize DC-CAP to share my financial and social security number with the DC-CAP banking institution in order to facilitate the processing of any scholarship awards. I authorize DC-CAP to access and share my records with the **DC Public and Public Charter School System, DC Office of the State Superintendent of Education (OSSE)** and the **U.S. Department of Education** for the sole purposes of college access, enrollment and financial aid verification. This authorization is valid for a maximum of **six years** after high school graduation or upon graduation from college, whichever comes first.

## PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONTACT INFORMATION

**District of Columbia College Access Program (DC-CAP)**

1425 K Street, NW Suite 200, Washington, DC 20005

High School - Telephone: (202) 783-7933 Fax: (202) 783-7939

College - Telephone: (202) 347-6546 Fax: (202) 783-4026