



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.

I understand that I must meet the requirement of a minimum cumulative 2.0 grade point average as a freshmen and continuing college student. I also understand that I must meet satisfactory credit completion each year. To meet satisfactory credit completion, students enrolled at four-year institutions must earn at least 24 credits for each year after high school graduation to remain eligible to apply for DC-CAP funding. Students enrolled at two-year institutions must earn at least 20 credits for each year after high school graduation.

PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

Parent/Guardian Signature: _____ Date: _____

To apply for the DC-CAP Last Dollar Award, please submit this form along with your Student Aid Report (SAR), Financial Aid Award Letter from your college, and academic transcript to:
DC-CAP

1400 L Street NW Suite 400, Washington, DC 20005
Telephone: (202)347-6546 Fax: (202)783-4026