



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: _____
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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