



## STUDENT AUTHORIZATION & EDUCATIONAL RELEASE

Year of HS Graduation \_\_\_\_\_ High School \_\_\_\_\_  
SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(HS Juniors/ Seniors & College Students ONLY)

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 : \_\_\_\_\_  
(For HS Seniors and College Students Only. If college has not been selected, please notify DC-CAP once chosen)  
Major: \_\_\_\_\_  
(For HS Seniors & College Students Only)  
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: \_\_\_\_\_