DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

DCPS Authorization for Release of Education Records – Adult Student or Former Student

I _____ hereby give
(Student's Name and date of birth)

consent to the appropriate official at my current school, former school, or the DCPS Office of Data and Strategy to release my education records to:

_____
(Name of representative, agency, physician, or attorney)

_____
(Address and phone number of representative, agency, physician, or attorney)

The purpose of the disclosure is:

_____

_____.
(Describe the specific purpose for the records disclosure)

By signing below, I authorize the release of the following records:

_____

_____.
(Describe specifically which records are to be released including any applicable date range)

By signing below, **1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such records; and 2) I am 18 years of age**. NOTE: This release is valid only for the purpose stated. The DCPS must obtain my written authorization before releasing any further information to any other requester. **This authorization will expire one year from the date of signature.**

_____ _____
(Date) (Adult/Former Student Signature)

_____
(Adult/Former Student Current address)

_____
(Adult/Former Student contact number)