

Parent/Guardian Signature:

STUDENT AUTHORIZATION & EDUCATIONAL RELEASE

Year of HS Graduation	High School
SSN#	
(HS Juniors/Seniors & College Students ONLY)	
Sandona Norma (Diago Drina)	
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:
chool/college/university academic, financial, and enrolled ame of a new institution in the event I transfer from the ecord data with my institution of attendance. I authorize DC-CAP banking institution in order to facilitate the product of the ecord with the DC Public and Public Characteristics.	Access Program (DC-CAP) to have access to my high ment records. I authorize DC-CAP to amend this form with the college designated above. I authorize DC-CAP to share my student DC-CAP to share my financial and social security number with the cessing of any scholarship awards. I authorize DC-CAP to access narter School System, DC Office of the State Superintendent of
	on for the sole purposes of college access, enrollment and financial of six years after high school graduation or upon graduation from

District of Columbia College Access Program (DC-CAP) 1425 K Street, NW Suite 200, Washington, DC 20005

CONTACT INFORMATION

PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

High School - Telephone: (202) 783-7933 Fax: (202) 783-7939 College - Telephone: (202) 347-6546 Fax: (202) 783-4026

Date: _____