



DCPS Authorization for Release of Education Records

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

consent to the DCPS Office of the Chief of Staff to release my child's education records to:

Horizons Greater Washington

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

3000 Cathedral Avenue NW, Washington, DC 20011 / (202) 939-4068

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

The purpose of the disclosure is:

Progress monitoring and identifying program-set targets for student

(Describe the specific purpose for the records disclosure)

By signing below, I authorize the release of the following records: 2022-23 and 2023-24
PARCC and other standardized tests from the entire 2022-23 and 2023-24
academic years; student's report cards/grades from the 2022-23 and 2023-24
academic years; school attendance throughout the 2022-23, 2023-24 and
2021-22 academic years

(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;** 2) I am 18 years of age; and 3) I am signing this document on behalf of my child because he/she is not 18 years of age.

NOTE: This release is valid only for the purpose stated. DCPS must obtain my written authorization before releasing any further information to any other agency. **This authorization will expire one year from the date of signature.**

(Date)

(Parent/Guardian Signature)

(Parent/Guardian Current address)

(Parent/Guardian contact number)