



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

DISTRICT OF COLUMBIA DUAL ENROLLMENT PROGRAM

STUDENT/PARENT RELEASE OF INFORMATION FORM

The Office of the State Superintendent of Education (OSSE) is committed to providing high-quality dual enrollment opportunities for students in both public and public charter schools. The District of Columbia Dual Enrollment Program enables high school students to enroll in approved college courses at a postsecondary institutions (i.e., college or university) for college and/or high school credit. This allows high school students to experience the academic rigor of college courses and understand what is required for success in college.

To apply for the DC Dual Enrollment Program, this form must be completed and uploaded to the online application (<https://octo.quickbase.com/db/bmsi2h8z2>) before the student is considered for dual enrollment admission at a participating institution of higher education (IHE). Please **do not email** this document as it contains personally identifiable information.

Student Name: _____
First Name Last Name

LEA/High School Name: _____

Instructions to All Student Applicants:

Please read and initial each statement below to indicate you understand the terms associated with applying for the DC Dual Enrollment Program. If you are **younger** than 18 years of age, your parent or legal guardian must also read, initial and sign the section labeled "Parent/Legal Guardian Consent." **All applicants must complete this section.**

Student Agreement (Please initial by each statement below)

I understand as a DC Dual Enrollment Program applicant:

- _____ My application materials, demographic information, academic information, including transcripts, report cards, test scores, recommendations, and contact information may be shared with the colleges or universities I specified in the online application.
- _____ OSSE staff will communicate with my local education agency (LEA) and school staff to share my DC Dual Enrollment Program application materials mentioned above to inform program decisions.
- _____ If I am selected to participate in the DC Dual Enrollment Program, I must abide by the rules and regulations of my high school and those of the college or university I attend for this program.
- _____ I understand acceptance into the DC Dual Enrollment Program does not guarantee later admission to any college or university apart from my participation in the DC Dual Enrollment Program.
- _____ I understand the Family Educational Rights and Privacy Act (FERPA) grants students certain rights regarding educational records. A students' educational records are treated confidentially and will not be released to any third party beyond my high school and corresponding LEA, the colleges I select in the online DC Dual Enrollment application, and OSSE without my written consent.

By signing below, I, the student, hereby authorize OSSE to release all information concerning my application to the DC Dual Enrollment Program, my LEA's designated staff, and the colleges and universities I selected in the DC Dual Enrollment Program application. I have a right to inspect any records released pursuant to this authorization and understand that I may revoke this agreement in writing at any time.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent/Legal Guardian Consent (required for students younger than 18 years of age)

(Please initial each statement below)

As a part of my (my child's) application to participate in the DC Dual Enrollment Program, I agree to the following:

_____ All application materials, demographic information, academic information including transcript, report card, test scores, recommendations, and contact information will be shared with the colleges and universities specified in the online application.

_____ OSSE staff will communicate with my child's LEA and school staff and share the application materials mentioned above to inform program decisions.

_____ If selected to participate in the DC Dual Enrollment Program, my child will abide by the rules and regulations of their high school and those of the college or university they attend for this program.

_____ My child's acceptance into the DC Dual Enrollment Program does not imply subsequent admission to any college or university apart from participation in the DC Dual Enrollment Program.

_____ The Family Educational Rights and Privacy Act (FERPA) grants students certain rights regarding educational records. A student's educational records are treated confidentially and **prior to enrollment** in a college or university, will not be released to any third party beyond the LEA, the colleges specified in the online application, and OSSE without my written consent.

_____ As a parent or legal guardian, if my child is selected to participate in the DC Dual Enrollment Program and enrolls in a college or university, according to the Family Educational Rights and Privacy Act (FERPA), all rights of access to my child's postsecondary educational records **transfer from parent to my child** when the student is enrolled in a postsecondary institution. However, if my student is under 18, I retain the rights under FERPA at my child's high school and may inspect and review any records sent by the postsecondary institution to my child's high school.

By signing below, I authorize the Office of the State Superintendent of Education to release to my child's LEA and the colleges specified in the online application all information concerning my student's application to the DC Dual Enrollment Program. I understand that information may be released orally, electronically or on paper. **Prior to enrollment in a college or university**, I have a right to inspect any written records released pursuant to this authorization and understand that I may revoke this consent at any time.

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Have questions? Please contact Kalecia Baity at Kalecia.Baity1@dc.gov.