



## **Request for Appointment of an Educational Representative**

*Please use this form to request the appointment of an educational representative for a student who has reached age 18 or who will reach age 18 within 90 calendar days. This form is to be used only as part of the certification process for appointment of an adult to represent the educational interests of a student who has been determined to not have the ability to provide informed consent regarding educational decisions. This process is specific to educational rights under the Individuals with Disabilities Education Act (IDEA). The Office of the State Superintendent of Education (OSSE) will not appoint an educational representative until the all of the following documents are submitted:*

- (a) This completed Request for Appointment of an Educational Representative signed by the parent or legal guardian of the student or signed by another interested adult seeking to be appointed; and*
- (b) Two signed professional certifications that meet all of the requirements of Title 5-E, Section 3035 of the District of Columbia Municipal Regulations (DCMR).*

*A copy of the relevant DCMR sections and model professional certification forms are available on the OSSE [website](#) or may be requested in hard copy. To request hard copies or for more information or assistance completing this form, please email [osse.educationdecisions@dc.gov](mailto:osse.educationdecisions@dc.gov) or call (202) 727-8488.*

### **Student Information**

Name (Last, First, Middle):	
Date of Birth:	Unique Student Identifier (USI):
Address:	Phone Number(s):
	Email Address, if applicable:
Mode of communication used to communicate decisions:	

### **Education Information**

Date of Current Individualized Education Program (IEP):	Primary Disability Category:
Local Educational Agency (LEA):	Attending School (DCPS school, public charter school, or nonpublic school):

## Educational Representative Applicant Information

Name (Last, First, Middle):	
Address:	Phone Number(s):
	Email Address, if applicable:

Relationship to student:  Parent  Guardian  Other (see below)

(If you selected Other, please describe in detail the nature of your relationship to the student and list the names and contact information of any other key individuals in the life of the student, e.g. parent(s), family members caring for the student, legal guardian(s), social worker(s), attorney(s)):

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Please read and check **each** required box before signing and submitting this request:

- I completed this form (or provided information to an individual who helped me complete this form) and I certify that all of the information above is accurate.
- I authorize the Office of the State Superintendent of Education (OSSE) to verify any of the above information by contacting the student's school of attendance or responsible local education agency and any of the individuals named above including, if necessary and appropriate, the student.
- If appointed, I understand that the student may challenge my appointment at any time and my appointment may be invalidated.

Applicant Name \_\_\_\_\_  
(Please print)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_