



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

DISTRICT OF COLUMBIA OSSE SCHOLARS SUMMER ENRICHMENT PROGRAM

STUDENT/PARENT RELEASE OF INFORMATION FORM

The Office of the State Superintendent of Education (OSSE) is committed to providing high-quality college access opportunities for students in both public and public charter schools. The District of Columbia OSSE Scholars Summer Enrichment Program provides high-achieving, academically motivated, students who exhibit financial need with the opportunity to attend selective summer college programs. As an OSSE Scholar, students attend top-tier universities across the country for rigorous summer courses.

To apply for the OSSE Scholars Summer Enrichment Program, this form must be completed and uploaded to the online application (<https://octo.quickbase.com/db/bkuvdngxqt>) before the student is considered for an interview for the OSSE Scholars Program. 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 OSSE Scholars 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 an OSSE Scholars Program applicant:

- _____ My application materials, demographic information, academic information, including transcripts, report cards, test scores, immunization record, and contact information may be shared with the college or university am selected to apply to as an OSSE Scholar.
- _____ OSSE staff will communicate with my local education agency (LEA) and school staff to share my OSSE Scholars Program application materials mentioned above to inform program decisions.
- _____ If I am selected to participate in the OSSE Scholars 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 OSSE Scholars Program does not guarantee admission to any college or university summer 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 summer college I am selected to apply to, and OSSE without my written consent.

By signing below, I, the student, hereby authorize OSSE to release all information concerning my application to the OSSE Scholars Program, my LEA's designated staff, and the college or university I am selected to apply to as an OSSE Scholar. 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 OSSE Scholars Program, I agree to the following:

_____ All application materials, demographic information, academic information including transcript, report card, test scores, immunization record, and contact information will be shared the college or university am selected to apply to as an OSSE Scholar.

_____ 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 OSSE Scholars 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.

_____ My child's acceptance into the OSSE Scholars Program does not guarantee admission to any college or university summer 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 summer college I am selected to apply to, and OSSE without my written consent.

_____ As a parent or legal guardian, if my child is selected to participate in the OSSE Scholars 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 summer college or institution to which they are accepted all information concerning my student's application to the OSSE Scholars 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 Janel Young at Janel.Young@dc.gov.