

DCPS Private Dual Enrollment Program Student/Parent Verification & Release of Information Form

To apply for the DCPS Private Dual Enrollment Program, this form must be completed and uploaded to the online dual enrollment application before the student is considered for admission at a participating university.

Student Name: _____
First name Last name

High School Name: _____

Part 1: Instructions to All Student Applicants:

Please read and initial each statement below to indicate you understand the terms associated with applying for the DCPS Private 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 DCPS Dual Enrollment Program applicant:

My application materials, including demographic information, contact information and recommendations, as well as my education records, including my transcripts and test scores will be shared with the universities I have specified in the online application.

If I am selected to participate in the DCPS Dual Enrollment Program, I must abide by the rules and regulations of my high school and those of the university I attend for this program, including each institution's code of conduct.

I understand that if I choose to withdraw from a dual enrollment course, I must notify my counselor, DCPS Coordinator, and University Coordinator in writing. Additionally, I must complete the formal course withdrawal process at the university.

I understand acceptance into the DCPS Dual Enrollment Program does not guarantee later admission to any college or university.

I understand the Family Educational Rights and Privacy Act (FERPA) grants students certain rights regarding educational records. A student's educational records are treated confidentially and will not be released to any third party beyond my high school and the universities I select in the online DCPS Private Dual Enrollment application without my written consent.

By signing below, I certify that all information submitted in the admission process including the application, the essay, and any supporting materials is my own work, factually true, and honestly presented. Additionally, I hereby authorize DCPS to release all information concerning my application to the universities I selected in the DCPS Dual Enrollment Program application for purposes of evaluating my candidacy for the program, as specified above. I acknowledge and understand that I have the opportunity to inspect any records released pursuant to this authorization and the right to challenge the content of such records, and I understand that I may revoke this consent in writing at any time.

Student Printed Name: _____

Student Signature: _____

Date: _____

Part 2: Parent/Legal Guardian Consent
Required for students younger than 18 years of age.

Please initial each statement below.

As a part of my student's application to participate in the DCPS Dual Enrollment Program, I agree to the following:

My student's application materials, including demographic information, contact information and recommendations, as well as my student's education records information, including transcripts and test scores, will be shared with the colleges and universities specified in the online application.

I understand that if my student chooses to withdraw from a university course, they must notify their counselor, DCPS Coordinator and University Coordinator in writing. Additionally, my student must complete the formal course withdrawal process at the university.

My student's acceptance into the DCPS Dual Enrollment Program does not guarantee later admission to any college or university.

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

As a parent or legal guardian, if my student is selected to participate in the DCPS Dual Enrollment Program and enrolls in a postsecondary institution (i.e. a college or university), according to FERPA, all rights of access to my student's postsecondary educational records **transfer from me to my student** with respect to any records maintained by the postsecondary institution. However, if my student is under 18, I retain rights under FERPA to inspect and review any records sent by the postsecondary institution to my student's high school.

By signing below, I authorize DCPS to release to the universities specified in the online application, all information concerning my student's application for purposes of evaluating my candidacy for the program, as specified above. I understand that information may be released orally, electronically or on paper. I acknowledge and understand that I have the opportunity to inspect any records released pursuant to this authorization and the right to challenge the content of such records and understand that I may revoke this consent at any time. In addition, I affirm that I am the parent/guardian of the above-named student.

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____