

**Authorization to Release Education Records to  
District of Columbia State Athletic Association**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
(Parent/ Guardian's Name) (Student's Name and Date of Birth)

hereby consent to the appropriate official at my child's school \_\_\_\_\_ to release  
my child's education records to:

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

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

The purpose of the disclosure is:

\_\_\_\_\_

\_\_\_\_\_  
(Describe the specific purpose for the records disclosure)

By signing below, I authorize the release of the following records:

\_\_\_\_\_  
\_\_\_\_\_

(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. The sending school must obtain my written authorization before releasing any further information to any other requester. **This authorization will expire one year from the date of signature.**

\_\_\_\_\_  
(Parent/Guardian's Name-Printed)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Parent/Guardian's Current Address)

\_\_\_\_\_  
(Parent/Guardian's Contact Number)

\_\_\_\_\_  
(Date)