



School Year 2023/2024 Consents

Use this form to tell DC Public Schools your preferences on 1) DCPS using your student’s image, voice, and schoolwork and 2) releasing your student’s information to military recruiters.

DCPS Student

First Name:

Last Name:

OPTIONAL – Media Consent and Release

By signing below, I hereby grant the District of Columbia, including DCPS, and its employees and agents, contractors, successors, and assignees the right to: (1) record my student’s image and voice; (2) edit such recordings at their discretion; and (3) use such recordings, along with the artwork and written work of my student on videotape, in photographs, in digital media, and in any other form of electronic or print media (such photographs, digital media, and other electronic or print media containing my student’s image, voice, artwork or written work are collectively referred to as “Media”). I understand that this release does not grant DCPS or the District of Columbia the right to disclose any biographical or other identifying information regarding my student and that I may revoke this consent at any time by contacting my school.

I hereby release DCPS and the District of Columbia, their successors, and their assignees and anyone lawfully using any Media pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof. I understand that the provisions of this release are legally binding. This consent is valid in perpetuity for any Media created through the end of the school year and can be revoked by me at any time.

- I consent. I do not consent.

Print Name: _____

Signature: _____

Date: _____

OPTIONAL – Release of Information to Military Recruiters (6th through 12th Grade)

Federal laws require that DCPS provide military recruiters, upon request, with the name, address, and telephone number (“information”) of all 6th through 12th grade students unless the parent/legal guardian of a student (or the student if an adult) has opted out of such disclosure by signing below. This consent is valid through your student’s time enrolled at a DCPS and can be revoked at any time.

- I request that DCPS not release my student’s/my (if student is an adult) information to military recruiters.

Print Name: _____

Signature: _____

Date: _____

OPTIONAL – Social Emotional Health Services

DCPS has highly qualified professionals and partners who help students experiencing stress, sadness, anger, and/or other emotions that can impact their lives. If you are interested in obtaining school-based mental health support for your student, please complete the DCPS [Referral Form for Student Mental Health and Counseling Support](#), or by using the QR code below. School Behavioral Health Coordinators (SBHCs) are responsible for processing referral forms for mental health services in their individual schools. If using the writable form, please contact your school to find out who your SBHC; if using the QR code, the SBHC will receive this automatically. When a referral is received your student’s information will be reviewed by the School Mental Health Team and will be handled confidentially to ensure your student’s privacy. If it is determined that your student needs therapeutic services, you will be notified and included in any plan for services, consistent with best practices. For more information, refer to the [DCPS Here For You](#) resource or contact the School Mental Health team at school.mentalhealth@k12.dc.gov.

