

School Year 2024/2025 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 and 3) acknowledging expectations for school visitors.

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 (6 th through 12 th 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:
REQUIRED – Expectations for School Visitors - Acknowledgement Form		
I acknowledge that I have been made aware of the DCPS Expectations for School Visitors available at https://dcps.dc.gov/publication/expectations-school-visitors .		
Print Name:	Signature:	Date: