



School Year 2019/2020 Consents

Use this form to tell DC Public Schools your preferences on 1) sharing your student’s information in the media; 2) providing social emotional services to your student; and 3) 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, 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. 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 using my child’s image and/or voice, artwork, and/or written work 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 through the end of the school year and can be revoked at any time.

I consent. I do not consent.

Parent/Guardian Name: _____ Signature: _____ Date: _____

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

Federal laws require that DCPS provides 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.

Parent/Guardian Name: _____ Signature: _____ Date: _____

OPTIONAL – Social Emotional Health Services

DCPS has highly qualified professionals to help students experiencing stress, sadness, anger, or other emotions that can impact their lives. DCPS will adhere to all confidentiality guidelines to protect the privacy of your student. By signing below, you authorize DCPS school professionals to begin the process of working with your student. You will be notified and included in any plan for services, consistent with best practices. Your student’s information will be reviewed by the School Mental Health Team and will be handled confidentially. This consent is valid through the end of the school year and can be revoked at any time.

If you consent, please check which of the following your student has or is experiencing:

Parental divorce/separation Homelessness Foster care
 Incarcerated parent Death of close family Other trauma: _____

Would you like to be contacted by a member of the School Mental Health team to discuss further? Yes No

Parent/Guardian Name: _____ Signature: _____ Date: _____