



Student Intake Form (OSSE/DOES/DHS)

Release of Information Consent Form

I hereby authorize the release my education, training, and other related information to the applicable DC government agencies and their sub-grantees and/or sub-contractors [e.g. Department of Employment Services (DOES), the Office of the State Superintendent of Education, Adult and Family Education (OSSE AFE), Department of Human Services (DHS), Department on Disability Services/Rehabilitation Services Administration (DDS/RSA)] to facilitate the services to which I may be referred.

Signed: _____

Date: _____