



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

**FY 2021-2022 Release of Information Form**

I hereby authorize the release of my education, training, and other related information, which may include my Social Security Number, to the DC Office of the State Superintendent of Education, Adult and Family Education, the U.S. Department of Education, applicable District of Columbia government agencies [including, but not limited to, the Council of the District of Columbia, Department of Employment Services (DOES), Department on Disability Services/Rehabilitation Services Administration (DDS/RSA) and the Workforce Investment Council (WIC)], their sub-grantees and/or sub-contractors, as well as other key stakeholders for performance, accountability and reporting, and additionally, to facilitate the services that can help me to achieve my education, training and career goals.

Recipient(s): (the person or agency that you authorize to receive a copy of your assessment report)

Agency Name	Four Walls Career & Technical Education Center
Street Address	1125 Neal St. NE
City, State, Zip Code	Washington, DC 20002
Contact Person	Lettica Nichols
Contact Person's Phone Number	202-332-8022
Contact Person's Email Address	tnichols@fourwallsctec.org

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_