



Office of the
State Superintendent of Education

LATCH KEY STUDENT RELEASE STATEMENT

I, _____, am the parent/legal guardian of
Parent's/Guardian's Name (Please Print)

_____ and I am authorized to make decisions
Student's Name/Date of Birth (Please Print)

regarding his/her care, I acknowledge that _____
Student's Name (Please Print)

is a "Latch Key Student" and therefore authorize the Division of Transportation to drop off the
above student at the designated drop-off location without releasing him/her into the care of
myself or another designated adult. I am aware that the Division of Transportation is not
responsible for supervision of my student once he/she has entered the designated premises:

Afternoon Drop-off Address:

This form will not be used to change addresses. If the afternoon drop-off address is different
from the one on the record at the Division of Transportation, contact the DC Public Schools,
Office of Special Education Transportation Liaison at (202) 442-4800 to submit an official
change of address.

Parent's/Guardian's Signature Date

FOR OSSE/DOT USE ONLY

Date Received by DOT: _____
Received / Record Noted by: _____ Date: _____
Title / Position: _____