

Authorization for Release of Attendance Records

PLEASE NOTE: THIS FORM MUST BE CO-SIGNED BY A WITNESS

This form gives your employer written authorization to release attendance records to the persons named in section 3.

APPLICANT Information															
First Name					MI		Last Name								
Date of Birth								Home Phone							
		/													
Address															

1. I am authorizing Oxford Community Schools to release to release attendance records from November 30, 2021 to the Fund Administrators and their agents of the Oxford Survivors’ Fund, National Compassion Fund.
2. Purpose of the disclosure: Administration of the “Oxford Survivors Fund” by the National Compassion Fund.
3. The following specific entity may receive disclosures of the education records described above:

Fund Administrator c/o National Compassion Fund 1450 Duke St Alexandria, VA22314	Or its agent: Hogan-Lovells, LLP
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4. I hereby authorize the release of the attendance records described above to the recipient listed above. I understand that this authorization will expire one year from the date of my signature unless otherwise specified, and that this authorization may be withdrawn by me at any time without prejudice. Withdrawal of this authorization will not affect any information already released.
5. I understand that Oxford Community Schools does not have any connection, oversight, or authority over the National Compassion Fund, the National Compassion Fund rules or “Protocol,” the National Compassion Fund application process, decisions regarding eligibility or distribution of the National Compassion Funds, or decisions regarding the level of benefits paid to any individual. I understand that this Consent for Disclosure shall not be in any way construed as an admission or evidence of any wrongdoing or liability on the part of Oxford Community Schools.
6. I understand this authorization may be necessary as a condition of obtaining compensation from the Oxford Survivors’ Fund.

Signature of Consent: _____

Date: _____

Signature of Witness: _____

Date: _____