



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

CERTIFICATION OF STUDENT DEPORTATION

In accordance with OSSE's exit documentation requirements, please certify information below for the deportation of the student.

Student Name: _____

Date of Birth: _____

Name and Address of Responsible LEA or School

LEA Name: _____

School Name: _____

School Address: _____

School Phone: _____

Date of Deportation: _____

By signing below, I certify that to the best of my knowledge the student designated on this form is deported. I further certify that efforts to secure other deportation documentation regarding the student leaving the United States have not been successful.

School Official: _____

Title: _____

Signature: _____ Date: _____