OSSE

McKinney-Vento Homeless Education Act
Homeless Liaison Assignment Form

Name: _____

School: _____

Title/Position: _____ How long have you been in this position: _____

Telephone Number: _____ Fax: _____

Email Address: _____

Liaison's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Return form to: Jasent.brown@dc.gov