

UAS School of Education

Permission to Release Educational Record Information

Please indicate your program below:

B.A. Elementary Education

B.A. Special Education

M.A.T Elementary Education

M.A.T Special Education

M.A.T Secondary Education

To facilitate your practicum or student teacher placement, we may need to share the following information with the school district in which you are requesting a placement: your application, introduction letter, recommendation letters, resume, UAS transcripts, information about your previous practicum, internship, and/or fieldwork done through UAS. Please sign below to authorize the release of these records.

I give permission for the UAS School of Education to release my educational records described above with the school districts I request for the purpose of facilitating my internship placement. This consent remains valid until my completion, withdrawal of consent, or exit or withdrawal from the program marked above.

Signature

Date

Printed Name

UA ID Number