



SCHOOL OF  
EDUCATION

11066 Auke Lake Way, Juneau, Alaska 99801, HA2 (mailstop)  
Tel: (907) 796-6076 | Toll Free: 1-866-465-6424  
Fax: (907) 796-6059 | Email: [uas.education@alaska.edu](mailto:uas.education@alaska.edu)  
[uas.alaska.edu/education](http://uas.alaska.edu/education)

## 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.

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Signature

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Date

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Printed Name

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UA ID Number