



Authorization to Release Information

Department of Student Teaching
College of Education and Professional Studies
Eastern Illinois University
600 Lincoln Avenue, Charleston, IL 61920

If you wish a student teaching coordinator to share information about your university performance with a school district for the purpose of selecting a site for your student teaching experience, you must give us permission.

All school districts require us to share certain information with them before they will accept you as a student teacher. Each district has different requirements. This information includes, but is not limited to, your autobiography, transcripts, GPA (cumulative and in major), resume, Criminal Background Investigations, information related to your experiences with children, and other pertinent information on your experiences at Eastern. Without this information, schools will not accept you as a student teacher.

The **AUTHORIZATION TO RELEASE INFORMATION** is for the sole purpose of placement for student teaching. I, _____, hereby authorize the Department of Student Teaching to share information related to my potential student teaching with as many school districts as necessary to secure a student teaching placement for me.

I understand that this authorization will allow the staff of the Department of Student Teaching and a school district (potential student teaching site) to communicate on those issues related to my student teaching.

I understand that I have the right to be told what information was exchanged.

I understand that I have the right to revoke this authorization in writing at any time.

I understand that this authorization shall be valid for the duration of my student teaching at Eastern Illinois University.

Name (printed)

Signature

Last four digits of SSN

EIU E#

Date

I do not want any information shared with school districts.

Name (printed)

Signature

Date _____