

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

To Whom It May Concern:

I, _____, _____ (Tech ID), hereby authorize Minnesota State University, Mankato to release the education records described below about me to appropriate personnel of school districts under contract with the University to provide student teaching experiences.

The specific records covered by this release are: application for student teaching, grade point average, essay, documentation of field experience performance, background check information, and transcripts.

The persons to whom the information may be released, and their representatives, may use this information for the following purposes: placement for field experiences, specifically student teaching.

I understand that the student record information listed above includes information that is classified as private on me under Minnesota Statutes 13.32 and the federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing Minnesota State University, Mankato to release information to the persons named above and their representative(s), which would otherwise be private and not accessible to them. I understand that without my informed consent, Minnesota State University, Mankato could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, Minnesota State University, Mankato has no control over the use the persons named above or their representatives make of the records.

I understand that, at my request, Minnesota State University, Mankato must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This consent expires upon completion of the above stated purpose or after one year, whichever comes first.

However, if the above stated purpose is not fulfilled after one year, I may renew this consent. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Signature: _____

Date: _____