

**Consent for Release of Education Record Information**

In accordance with the Family Educational Rights and Privacy Act (FERPA) and DePaul University's FERPA Compliance policy, DePaul University will disclose information from the education records of a student only with written consent from the student, or as otherwise permitted by law. I hereby authorize DePaul University to release education record information to placement schools and related entities as part of my College of Education student teaching experience. This education record information may include, but is not limited to, academic information (such as transcripts), disciplinary information, and information obtained from third-parties related to background check processes. Unless revoked, this authorization will extend for the entirety of the time in which I am at DePaul University. I understand that I can revoke this authorization at any time by notifying the College of Education.

Please be aware that transcripts will be sent to placement schools via unsecured e-mail. As such, please redact any sensitive data from your transcripts (e.g., date of birth, social security numbers) prior to sending them to the College of Education.

Name (please print)	DePaul ID #
Signature	Date

**Intended Date for Student Teaching**

\_\_\_\_\_ Autumn 2023  
\_\_\_\_\_ Winter 2024                      \_\_\_\_\_ Spring 2024

In order to student teach during the quarter indicated, I understand that I must comply with all of the degree requirements, the State of Illinois requirements for licensure, and the DePaul University deadlines. If I do not comply with the requirements and/or deadlines I will be deferred to another Student Teaching Quarter.

**Attendance at Mandatory Meeting**

I attended the Office of Field Experiences and Student Teaching Mandatory Meeting, and received the information that I must complete and return to the Office of Field Experiences and Student Teaching (COE-223) by the deadline indicated on the Student Teaching Dates & Deadlines 2023-2024 form discussed at this meeting. I understand that I must abide by the rules and deadlines discussed and outlined or my student teaching will be deferred.

Name (please print)	e-mail address
Signature	Telephone number
Date	