

Education Department Confidential Records Release

Name: _____
Last First MI

Date: _____ Banner ID: _____ (issued after 2005)

Date of Birth: ___ / ___ / _____ (mm/dd/yyyy) Former/Maiden Name(s): _____

Current Address: _____

City/State/Zip

E-mail Address: _____

Phone Number: (_____) _____ Dates of Attendance: From _____ To _____

<p>Recipient Information: <input type="checkbox"/> Same as above</p> <p>or Name/Organization: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>E-mail Address: _____</p>

<p>Authorize CSB/SJU to release:</p> <p><input type="checkbox"/> MN PELSB Tier 2 or Tier 3 license application with completed fingerprint card</p> <p><input type="checkbox"/> Official transcripts for licensure and any course substitutions applicable</p> <p><input type="checkbox"/> Minnesota Teacher Licensure Examination scores (MTLE content, pedagogy, fulfillment of basic skills)</p> <p><input type="checkbox"/> Verification of Completion of a State-Approved Licensure Program; Licensure for state _____</p> <p><input type="checkbox"/> Other: _____ <i>Specificity is required regarding document name</i></p>

<p>Student's Original Signature (REQUIRED):</p> <p>I certify that I am the person making this request and whose name and address appear on this form.</p> <p>_____ Signature Date</p>
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