

University of Central Missouri
Information Release Form
Authorization for Release of Information

I, _____, hereby authorize University of Central
(print full name)

Missouri (UCM) to release the following information contained in my files that are maintained by faculty or staff at UCM (please check all that apply) :

☐ Any Information Requested by the School District

I understand that without my written consent only information excepted from the U.S. Department of Education regulations governing student records under Family Educational Rights and Privacy Act, Title 34 CFR, Vol. 1, Part 99, could be made available;

I understand that federal law does not prevent UCM faculty and staff from sharing information based upon their own observations and experiences that is not contained in any record;

Participation in student teaching/internships is a required part of the academic experience. Students who cannot provide acceptable background checks for such placements will not be able to complete the program;

I willingly consent to the disclosures for the purpose of submitting applications qualifying me for various public and private school student teaching/internships and in exchange for UCM's cooperation with this request I release any claims for damages, loss of opportunities or penalties I might seek against UCM for the release of records during my enrollment at UCM and afterwards- even if UCM officials are negligent regarding the protection of my student information.

I understand that I may revoke this authorization at any time by notifying the Director of Clinical Services and Certification, in writing, but the revocation will only affect the treatment of information after he receives it and can communicate it to staff. I understand that this authorization is effective when signed by me and will continue in effect for six years unless revoked in writing by me. I understand that a separate authorization/release will not be required for incident of release of information. This authorization expires six years from the date it is signed.

Student Signature

Student Identification Number (700#)

Date