



STUDENT INFORMATION RELEASE FORM

I grant permission to the staff of the Division of Teacher Education at Lewis-Clark State College to release information as indicated:

Please initial each item:

_____ Personal contact information; i.e. personal email and/or phone number, upon request only, to school district personnel (public, private, charter) for potential employment opportunities

_____ Personal contact information; i.e. personal email and/or phone number, upon request only, to State Department of Education personnel for certification purposes

Student Name (printed)

Student ID # or SSN#

Email address

Area Code & Phone Number

Semester / Year of Graduation _____

Student Signature

Date