AUTHORIZATION AND REQUEST FOR
RELEASE OF RECORDS AND INFORMATION

TO: College of Education and Allied Professions
Western Carolina University
Cullowhee, North Carolina 28723

I hereby authorize you to disclose and release academic records, test scores, program status, and
license application information to a prospective employer and/or the North Carolina State
Department of Public Instruction for the purpose of employment and/or teacher licensure without
my further consent, until further notice.

This authorization shall be considered as a waiver of any and all of my rights and/or privileges as
provided under the Family Rights and Privacy Act of 1974, as amended. A photocopy of this
authorization shall be considered as valid as the originally signed document.

____________________   ____________________________________
Date      Name (please print)

____________________________________
Signature

__________________     ______________
ID Number                Class Year

200710