

**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