

**Appalachian State University  
Reich College of Education**

**AUTHORIZATION AND CONSENT FOR RELEASE OF EDUCATION RECORDS**

**ASU CRIMINAL BACKGROUND CHECKS EXPIRE SIX MONTHS AFTER THE REPORT IS COMPLETED**

*Directions: Complete the blanks below. It is important that you enter ALL information requested correctly and legibly. Sign your complete, legal name in the signature blank and print it legibly in the printed name blank. All forms must be returned to your professor who will present them as a class group to the Program Specialist in the Reich College of Education. You will receive an email message from Certiphi.com requesting that you log into ApplicationStation.com to provide additional information needed for the background check. Follow the directions carefully. Failure to follow directions will result in delay in receiving results and possibly, therefore, in securing a school placement for you.*

I hereby request, authorize and consent to the release of the following specified education records to Appalachian State University:

- All Education Records
- All Medical Records and Protected Health Information (within the meaning of 45 C.F.R. § 160.103)
- Academic Transcript
- Student Disciplinary Records
- Other (specify) Results of criminal background checks

The education records designated above should be released and disclosed only to:

- \* The Assistant Dean, Office of Field Experiences, 404E, College of Education, Boone, NC 28608-2038
- \* School district or agency personnel designated by the Assistant Dean to facilitate field placements.

In order for the online criminal background check to be completed properly by the current service provider the date of birth, ASU Student Identification Number (Banner ID), the ASU email address and Instructor's name must be provided by the student.

Date of Birth \_\_\_\_\_

ASU Student ID \_\_\_\_\_

ASU Email Address \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Course Number \_\_\_\_\_

The education records designated above are to be disclosed to the recipient identified above for the following reasons and purposes: To meet course and/or program field experience requirements in P-12 schools or agencies.

I further authorize officers, employees and agents of Appalachian State University to discuss the specified records and any related information with the recipient(s) identified above. This consent is effective as to any disclosure by an officer, employee or agent of Appalachian State University until such officer, employee or agent receives written notice of revocation of this consent.

\_\_\_\_\_  
Student's Full Legal Name - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Full Legal Name - Printed