



# Northern Illinois University

College of Liberal Arts & Sciences Teacher Licensure Programs  
Office of Secondary School Partnerships and Clinical Experiences  
(815) 753-0325

## Authorization for the Release of Non-Directory Student Information

I, \_\_\_\_\_ (name of Student) hereby authorize the **College of Liberal Arts and Sciences Secondary Teacher Certification Program** (University department or employee) to disclose to the following person or agency (“Recipient”- please identify the individuals or class of individuals or entities to whom the disclosure is made): **School districts, high schools, middle schools, and appropriate school personnel** the following information from education records pertaining to me and maintained by Northern Illinois University (specify the records that may be disclosed): **transcripts (official and unofficial), letters and forms of reference, program evaluations (including: Cooperating Teacher Evaluations, Student Teaching Evaluations, and other program evaluation forms), Program Awards information, and verbal recommendations.**

The purpose of this disclosure is: **to distribute applications for and secure clinical placement positions as required by state policy for certification; provide assistance in obtaining employment in the schools through solicited recommendations (verbal or written).**

I understand that education records pertaining to me and maintained by Northern Illinois University may be protected under the Family Educational Rights and Privacy Act (FERPA). I certify that this Authorization to release information from such education records has been given freely and voluntarily. I may revoke this Authorization at any time by providing written notice of such revocation to the University department or employee who maintains the records subject to this Authorization. I understand and accept that any such revocation shall not affect disclosures previously made by Northern Illinois University in reliance upon this Authorization and prior to the receipt of any such written revocation.

The Recipient of the information designated in this Authorization will be informed at the time of disclosure that the information disclosed about me may **not** be re-disclosed to others as a result of this Authorization unless I independently authorize such re-disclosure.

**I have read this Authorization for the Release of Information and understand its terms and provisions. I hereby give authorization for the disclosure of information set forth in this form.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Z-ID: \_\_\_\_\_