

University of Wisconsin River Falls Agricultural Education

Release of Records Authorization

I hereby grant the Agricultural Education Department (College of Agriculture, Food and Environmental Sciences) and the Office of Field Experience (College of Education & Professional Studies) permission to periodically review my undergraduate/graduate academic records, test information, criminal background checks and necessary transcripts for the purpose of determining eligibility for agricultural education programs. The information will be used to assist the department in screening, placement and counseling relative to admission and continuation in the program.

Notification of Sharing Criminal Background and Personal History Information

I understand and acknowledge the Agricultural Education Department (College of Agriculture, Food and Environmental Sciences) and the Office of Field Experience (College of Education & Professional Studies) share criminal background reports, and in the case of student teaching my personal history, with school districts where I will be participating in field experiences. Including but not limited to student teaching, classroom observation, and classroom participation.

First and Last Name:

Falcon ID: w

Signature: