

AUTHORIZATION, ACKNOWLEDGEMENT, AND RELEASE FORM

I hereby authorize the University of Wisconsin-La Crosse, School of Education, and Office of Field Experience to obtain criminal records about me from any source. I also authorize the Office of Field Experience to provide such records to third parties for the purposes of evaluating my application for acceptance into or continued participation in an internship, practicum or student teaching placement. If I have been charged with, convicted of, pleaded guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, and the nature of the charge or conviction is incompatible with the responsibilities of working in a PK-12 setting, the School of Education and/or the Office of Field Experience reserve the right to remove the student from the teacher education program.

I hereby acknowledge that during the course of my internship, practicum or student teaching I shall notify the Office of Field Experience as soon as possible, but no later than the next day I am expected to attend the internship, practicum or student teaching placement, when I have been convicted of any crime or have been or are being investigated by any governmental agency for any act or offense. I further acknowledge that if I fail to abide by this acknowledgement, the University of Wisconsin-La Crosse, School of Education, and Office of Field Experience have the right to immediately terminate my participation in an internship, practicum or student teaching placement.

I hereby release such third parties and the Board of Regents of the University of Wisconsin System, its agents, employees, and officers, including the University of Wisconsin-La Crosse, School of Education, and Office of Field Experience from any liability that may arise from the disclosure of any information referenced by this form or from the University of Wisconsin-La Crosse, School of Education, and/or Office of Field Experience terminating me from an internship, practicum or student teaching placement as described in the immediately preceding paragraph.

I understand that this form is in effect until my degree is completed at the University of Wisconsin-La Crosse, unless I revoke it in writing and provide such revocation to the Director of Field Experience in 145 Graff Main Hall. I further understand that if I choose to revoke this form, I may not be able to participate in student teaching, a practicum or an internship.

I have read and understand the above authorization, acknowledgement, and release.

Legal Signature of Student

Date

Printed Legal Name of Student

UW-L Student ID #