



Oregon State University
College of Education

FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit Oregon State University College of Education to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.

I, _____ (print full name) am a candidate at Oregon State University Teacher Licensure Program and hereby give my voluntary consent to officials (check all that apply):

1. To disclose the following records:
 - Records relating to any of my field-based experiences
 - Records relating to my performance in the field
 - Resume
 - Professional Goals Statement
2. To the following person(s):
 - School districts or other agencies associated with field-based experiences
 - School-based/Agency-based administrators associated with field-based experiences
 - School-based/Agency-based cooperating teachers/mentors associated with field-based experiences
 - Oregon State University program faculty
 - Oregon State University representatives responsible for scholarships, grants, etc.
 - Prospective employer(s) from schools and/or district offices
3. These records are being released for the purpose of:
 - Conversing and reviewing performance
 - Acquiring feedback
 - Procuring required signatures
 - Making field-based placements
 - Providing letters of recommendation/reference

I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” 20 USC 123g; 34 CFR §99; commonly known as the “Buckley Amendment”) no disclosure of my records can be made without my written consent unless otherwise required or permitted by applicable law. I also understand that I may revoke this consent at any time (via written request to the teacher licensure program) except to the extent that action has already been taken upon this release. Further, I understand that if I refuse to sign this release or revoke my previously-provided consent that I may be unable to fully participate in any field-based experiences, clinical teaching, student teaching, or internship, or that I may not be able to continue participating, given the requirements of the field-based experience partner.

Signature of Candidate

Date

OSU ID # _____

OSU Email: _____