

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELEASE FORM
FOR THE UNC PEMBROKE TEACHER EDUCATION PROGRAM**

Name of Student: _____ Banner ID: _____

Date of Birth: _____

I, the undersigned hereby authorize The University of North Carolina at Pembroke to release any of my education records and information from my education records to the personnel administrator or designee of any public school and/or Local Education Agency with which UNCP is trying to place me for any field experience, including internship, related to my program of study at UNCP and to the North Carolina State Department of Public Instruction for the purpose of evaluation of my candidacy for teacher licensure:

Such records may include, but are not limited to, the following:

- Name
- Permanent and Current Address
- Phone Number
- Arrest/Conviction Information
- GPA
- Program Status
- Early Field Experience Placements
- Internship Location
- Internship Assessment Results
- Teacher Candidate Work Sample
- Graduate Candidate Portfolio
- Standardized Test Results Required for Licensure
- Licensure Effective Date

I understand further that (1) I have the right not to consent to release of my education records; (2) I have the right to receive a copy of such records upon request; (3) this consent shall remain in effect until my written revocation is delivered to the Office of University School Programs; and (4) that any such revocation shall not affect disclosure made by The University of North Carolina at Pembroke prior to the receipt of any such written revocation.

Student's Signature

Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.