

**Appalachian State University**  
**AUTHORIZATION AND CONSENT FOR RELEASE OF EDUCATION RECORDS**

I understand that information and documentation Appalachian State University ("ASU") maintains about me may constitute "education records" protected by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232g, which provides that, subject to certain exceptions, institutions may not permit "the release of education records . . . of students without [their] written consent." Under FERPA, "the term 'education records' means . . . those records, files, documents, and other materials which . . . contain information directly related to a student." 20 U.S.C. § 1232g(a)(4)(B)(i).

**I hereby request and authorize Appalachian State University to release the following education records related to me (check applicable categories):**

- All Education Records
- All Medical Records and Protected Health Information (within the meaning of 45 C.F.R. § 160.103)
- Academic Transcript
- Student Disciplinary Records
- \*  **Other (specify) Results of criminal background checks**

The education records designated above should be released and disclosed only to:

**\*School districts designated by Dr. Roma Angel, Assistant Dean, or her designee**  
[Name and title of recipient]

**\*Office of Field Experiences, 220 B Edwin Duncan Hall, Appalachian State University,**  
**Boone, NC 28608-2038**  
[Address]

In order for the online criminal background check to be completed properly by the current provider, the Social Security Number, date of birth (DOB), ASU Student Identification Number (Banner ID), and ASU email address must be provided by the student. Students who do not wish to include the SSN number here may call Dr. Angel directly at 828-262-2109.

Student/Former Student SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
ASU Student ID \_\_\_\_\_  
ASU Email Address \_\_\_\_\_  
Additional Email Address (if available) \_\_\_\_\_

The education records designated above are to be disclosed to the recipient identified above for the following reasons and purposes: satisfaction of host requirements for participation in student teaching or other internship experiences.

This authorization shall remain in effect until I provide the University written notification that I have rescinded it. I understand that, upon request, Appalachian State University will provide me copies of the records disclosed to the recipient designated above.

\_\_\_\_\_  
[Student/Former Student: Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Printed/Former Student: Printed Name]

\*Required field