



**SAINT LOUIS  
UNIVERSITY™**

— EST. 1818 —

**School of Education**

**RELEASE OF INFORMATION**

I give Saint Louis University's Department of Education permission to release any information requested and required by the schools/school districts in which I may have fieldwork assignments. This information may include but is not limited to my name, contact information, TB test results, transcripts, and background check information.

\_\_\_\_\_  
Printed Name (Last, First, Middle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

04/27/2017