Criminal Records Background Check Verification Form

for Student Teaching

Teacher-candidate’s name: ________________________________

School district: __________________________________________

Teacher-candidate:
By signing your name on the designated line below, you verify that you have initiated a criminal records background check with the above named school district, which is an eligibility requirement for student teaching in your educator preparation program at the University of Louisville College of Education and Human Development. You also acknowledge that you understand that you will not be able to student teach until the results of the criminal records background check are returned to the school district.

Teacher-candidate’s signature: ____________________________ Date: ____________

District contact’s signature: ______________________________ Date: ____________

District contact’s PRINTED name: ____________________________

Teacher-candidate is to upload an electronic copy of the completed form to the “Student Teaching Application” course in LiveText, which is viewable on the LiveText Dashboard in the spring or fall semester immediately prior to student teaching.