Criminal Records Check
Verification Form for
Student Teaching

Student Name: ______________________

School District: ______________________

This form verifies that I, ______________________, have applied for my criminal
records check in order to be eligible to complete student teaching for the
University of Louisville College of Education and Human Development. By signing
below, I also acknowledge that I will not be able to begin my student teaching
experience until my criminal records check results have been returned to the
district.

Student signature: ______________________________  Date: ____________

District contact signature: ________________________  Date: ____________

This form is to be returned to:
Office of Educator Development and Clinical Practice
College of Education and Human Development
University of Louisville
Room 285 A or B