**Sharing of Student Teacher Contact Information Permission Form**

This document gives the Office of Educator Development and Clinical Practice (OEDCP) in the University of Louisville College of Education and Human Development permission to provide student teacher contact information to school districts that may wish to recruit, interview, or hire you. You have the option of allowing or preventing the sharing of your contact information.

Option 1:

I grant permission to the OEDCP to provide my contact information to school districts for districts’ **recruitment/employment purposes only**. Only my mailing and/or email address may be shared. My information **will not** be used for any other purpose.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT OR TYPE NAME – FIRST - MIDDLE - LAST

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Option 2:

I deny the OEDCP permission to provide my contact information to school districts for districts’ recruitment/employment purposes.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT OR TYPE NAME – FIRST - MIDDLE - LAST

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions: Upload an electronic copy of the completed, signed, and dated form to the Foliotek assignment. If you submit the form with an electronic or typed signature, it will be considered the legal equivalent of your manual, cursive signature.**