

Contact Information Permission Form

I _____ give the Office of Educator Development and Clinical Practice in the College of Education and Human Development permission to include my contact information to districts for **recruitment purposes only**. Only my mailing and/or email address will be included. My information will **not** be used for any other purpose.

Name: _____ Email: _____

Address: _____

Signature _____ Date _____

OR

Please do not include my contact information to districts that request this information.

Signature _____ Date _____

Return this form to the Office of Educator Development and Clinical Practice to Donna Oakes in Room 285 B or Danna Morrison in Room 285A or email to dsoake01@louisville.edu or danna.morrison@louisville.edu