

**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 255