

**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**