

Mail the original notarized form to the Region 10 Professional Educator Preparation Program. Your application will not be reviewed until this form is received.

Region 10 Education Service Center
Teacher Preparation and Certification Program

Affidavit for Acquisition and/or Release of Criminal History, Personal or Professional Data

Name (please print) Last Name First Name Middle Name Maiden Name

Date of Birth Sex: Male Female

Texas Drivers License No. Soc. Security No.

Program Participant Affidavit: All program participants must execute this affidavit.

I do hereby agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information to the Region 10 Education Service Center Professional Educator Preparation Program at its request.

I hereby authorize the Region 10 Education Service Center Professional Educator Preparation Program to obtain any information in any form relating to my criminal history from any person or entity (governmental or private) maintaining information in any form relating thereto.

I do hereby agree, consent, and direct the Region 10 Education Service Center Professional Educator Preparation Program to release any or all information relating to my criminal history to administrative staff of local school districts, the Texas Education Agency, educator preparation programs, and any education entity functioning under the aegis of the Texas Education Code.

I do further hereby agree and permit the Region 10 Education Service Center Professional Educator Preparation Program to obtain from any person or entity information relating to my professional background, my moral character and my worthiness to instruct the youth of this state, and do hereby expressly direct that any such person or entity release such information upon the request of the Region 10 Education Service Center Teacher Preparation and Certification Program.

I do hereby agree, consent, and direct the Region 10 Education Service Center Professional Educator Preparation Program to release any or all information relating to my personal and professional background, my moral character and my worthiness to instruct the youth of this state, to administrative staff of local education agencies/school districts, charter schools, private schools, The Texas Education Agency, ESCs, and/or other entities relating to teaching or working with children and/or participating or cooperating in teacher certification programs, as such information may relate to my application, suitability for a teaching practicum, employment, and/or admission, status, good standing, or continuation as an applicant, program candidate, or school employee before or after acceptance in any of those capacities.

I do hereby release, discharge, and exonerate the Region 10 Education Service Center Professional Educator Preparation Program, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising therefrom.

I understand that a copy of this affidavit shall have the same force as the original.

Signature of Affiant Date

ACKNOWLEDGEMENT

Signed and subscribed to before me, the undersigned authority on the day of ,

Notary Public

Printed Name