

Transcript and Credentialing Documents Release Agreement

Student Name:

U of M ID number:

U of M Email:

Phone Number:

Licensure area (s):

I hereby grant the Office of Teacher Education in College Education and Human Development at the University of Minnesota -Twin Cities, permission to release a copy of my University of Minnesota transcript and all other post-secondary academic transcripts, to the Minnesota Professional Educator Licensing and Standards Board (PELSB) for licensure credentialing, audit, and issuance purposes. Additionally, I authorize the above parties to release my academic records, including APAS (Academic Progress Audit System) reports, the University of Minnesota-Twin Cities academic petition documents, and other licensing related documents required by the Minnesota Professional Educator Licensing and Standards Board (PELSB) for the purposes of reviewing program completion for credentialing/licensure.

Signature of Student

Date

Electronic Signature NOT accepted

Return this form to: Licensing Coordinator
Office of Teacher Education
College of Education and Human Development
110 Wulling Hall
86 Pleasant Street SE
Minneapolis, MN 55455