

Consent to Release Educators' Records

To: _____

Please provide information from the educational records of:

Educator's Name: _____

CACTUS ID Number: _____

Please release these educational records to:

Name of agency: _____

Name of Contact Person(s): _____

Email Address(es): _____

Phone Number(s): _____

The only type of information that is to be released under this consent is:

transcript(s)

other (specify) _____

I understand informational records may be released to specified official(s) with legitimate educational interest in auditing or evaluation purposes. I understand the records may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to USBE Licensing Department. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Name of Person listed above to whom the educational records will be released for the specific purpose described above.

Name of Educator (print): _____

Signature of Educator: _____

CACTUS ID #: _____

Date: _____

**Please submit this consent form along with a scanned set of original records: licensing@schools.utah.gov*