



AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

Use this form to provide the Division of Educator Licensure with permission to release and otherwise disclose an educator's personal information to a designated third party. Please note: this authorization form does not allow a third party to update or change any information in the educator's management system account.

Name: _____
Last First Middle/Maiden

Educator ID: _____ **Date of Birth:** _____

Phone Number: _____ **Email:** _____

I authorize the Division of Educator Licensure to contact

Name: _____
Last First Middle Initial

Phone Number: _____ **Email:** _____

for the purposes of providing the following information:

Limited Information Any Information

If you selected "Limited Information" circle all that apply:

Status of Application Documents Received by MDE Documents Required by MDE

Other (specify): _____

If you selected "Any Information" the terms of such release of information will be:

Ongoing One time only From the date of signing below until _____
(Specify month/date/year)

Signature of Educator: _____ **Date:** _____

Signature of Authorized Third Party: _____ **Date:** _____