STATE OF SOUTH CAROLINA
COUNTIES OF GREENVILLE, PICKENS, AND/OR SPARTANBURG

RELEASE

In consideration of receiving permission from North Greenville University, a corporation, to participate in clinical experiences, student teaching, or any activities related to course work, the undersigned hereby releases North Greenville University, its agents, officers, servants, and employees, of and from all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury of the undersigned in connection with the participation set forth above.

I give the university permission to release information for purposes of certification and accreditation.

This release shall be binding upon the heirs, administrators, and assigns of the undersigned.

IN WITNESS WHEREOF, the undersigned has executed this release on the

_____ day of ________________, 20_____.

Signature: ____________________________________________________________

WITNESS:

______________________________________________________________

______________________________________________________________
STUDENT'S STATEMENT

I authorize North Greenville University to make such investigations and inquiries of my personal, employment, and other related matters as may be necessary for COE course requiring field experience. I hereby release employers, school, or persons from all liability in responding to inquiries in connection with my background check.

________________________________________  ____________________________
Signature of Student                                    Date

RELEASE OF INFORMATION WAIVER

I understand that I am taking COE courses requiring field experience at North Greenville University. Because I will be placed in an educational institution, a background investigation is required. The areas that may be included in this background investigation are:

1. Criminal history record check
2. Motor vehicle department driving record

I hereby authorize the procurement of a criminal history record report and motor vehicle department driving record by North Greenville University as part of the pre-field experience background investigation.

I hereby release North Greenville University, any person or entity acting on its behalf from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause as a result of releasing said information to any member of North Greenville University, or any person or entity acting in their behalf. I further understand that in consideration for said release, North Greenville University will regard all information so obtained as confidential and shall not release the same to any other person without my express consent.

________________________________________  ____________________________
Signature of Student                                    Date Signed

________________________________________
Last, First, Middle Name
Print Full Name

________________________________________
Course Name and Section

________________________________________
Instructor

________________________________________  ____________________________
Signature of Witness                                    Date Signed

Student’s Information
DOB                      /    /
Month/Day/Birth year
Race
Sex
SS#                      
DL#                      
State

cost: $8.00

"A South Carolina Baptist Institution Supported by the Cooperative Program"
REQUEST FOR TRANSCRIPT

REGISTRAR: Please attach this completed form to the transcript to be mailed to South Carolina Department of Education. Please designate graduate credit by "GR" and indicate the level of directed teaching.

Name of Institution ___________________________ Address ___________________________

**Please Print**

Please send to the: Office of Educator Certification
State Department of Education
Landmark II Office Building
3700 Forest Drive, Suite 500,
Columbia, South Carolina 29204

I attended your institution from ____________ to ____________ and received the _______ degree.

I have ( ) summer school credits for the years ________________________
( ) extension or correspondence credits for the years ________________________
( ) regular session credits above degree for the years ________________________

Current Name ___________________________ (Please Print)
Maiden Name ___________________________ (if married)
Address ___________________________
Date of Birth ___________________________
Social Security No. _______________________ Signature ________________________

1. Have you ever held a South Carolina teacher's certificate?
2. If so, please give certificate number.
3. If not, have you applied for a certificate?