



The Indiana University Southeast School of Education has my permission to release to the Human Resource Office of \_\_\_\_\_ County Public Schools the total number of graduate credit hours towards a Master Degree or Rank I Program. I am currently enrolled or have completed (Circle One) 15 credit hours towards:

\_\_\_\_\_ A planned Master's Degree or Rank II program (per KAR 8:020) **or**

\_\_\_\_\_ A planned Rank I program (or second Master's Degree per KAR 8:010)

Full Name (printed):

\_\_\_\_\_

Please list other last names by which the University may know you:

\_\_\_\_\_

Ten-digit IU Southeast Student ID #: \_\_\_\_\_

Last four digits only of Social Security #: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

E-mail address

(If you desire to be "copied" on the e-mail notice to JCPS):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

School of Education Licensing Advisor, Hillside Hall- Room 108  
Indiana University Southeast  
4201 Grant Line Rd  
New Albany, IN 47150-6405

***\*Signing this form electronically makes it a legal and binding document giving the School of Education permission to release your information to \_\_\_\_\_ County Public Schools.***