

**Gonzaga University School of Education Information and Consent Form**

**School Counselor, School Psychologist, Principal Certification**

**Release of Student Records and Personal Information**

I hereby authorize Gonzaga University to release orally or in writing, all student records, and other personally identifiable information to the Office of the Superintendent of Public Instruction for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86 and 181-87 as now or hereinafter amended. In addition, I hereby authorize Gonzaga University to release, via secure electronic file transfer, data required by the Professional Educator Standards Board (PESB) for accountability, research, and monitoring purposes (e.g. Institutional Student ID Number and Social Security Number) to the Office of Financial Management of the State of Washington pursuant to State of Washington, Office of the CIO policy 141.10 & 4.2.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fitness to Work in a Classroom Setting and Background Clearance**

It is Gonzaga University's intent to ensure that all teacher candidates possess those characteristics desirable for working with children. The School of Education therefore reserves the right to deny any individual admission to, or continued enrollment in the Educator Certification Program if, in the professional judgment of faculty or community member, there is a cause for concern about the character and fitness of that individual to work with P-12 children in a classroom setting.

I have read the above statement and understand it is the responsibility of the faculty and staff of the School of Education and community members to evaluate and monitor my professional and academic fitness, to assess my ability to work effectively with children in a classroom setting and to deny my admission to or discontinue my enrollment in the Educator Certification Program if, in the opinion of faculty and/or community member(s), I am not suited for recommendation for professional licensure.

I understand that if I am accepted into the Educator Certification Program, I must undergo a background check that includes providing fingerprint and pre-residency clearance or a valid Washington State Educator Certificate prior to my participating in any internship, practicum, or student teaching experience.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certification Completion**

All educator certification requirements are to be completed within a five year period from the date of acceptance into the program. Candidates who do not meet the requirements will need to appeal to the Dean of the School of Education.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certification Program  
School Counselor, School Psychologist and Principal  
Address/Information Sheet**

**NAME ON CERTIFICATE:** \_\_\_\_\_  
*Must match fingerprint records*

**DATE OF BIRTH:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_  
*Last 4 digits required*

**GONZAGA ID #:** \_\_\_\_\_

**GONZAGA EMAIL:** \_\_\_\_\_@zagmail.gonzaga.edu

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_, **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**BACHELOR DEGREE:** \_\_\_\_\_

**INSTITUTION:** \_\_\_\_\_, **STATE:** \_\_\_\_\_

**EXPECTED DATE WHEN REQUIREMENTS WILL BE COMPLETED**

\_\_\_\_\_  
*Month*

\_\_\_\_\_  
*Year*