Authorization for Release of Criminal History Records Check

The undersigned, a graduate student in the Education Program at the University of Bridgeport, hereby requests and authorizes the release to the Director of Internship and Field Experience of the University of Bridgeport or his/her designee, the results of my state and national criminal history records check requested pursuant to Connecticut General Statutes Section 10-221d.

Signed,

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(Printed Name of Student)

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Date