



**Miami-Dade County Public Schools**  
*giving our students the world*

**AUTHORIZATION FOR RELEASE  
OF  
CONFIDENTIAL INFORMATION**

I hereby authorize Miami Dade College and the Miami-Dade County Public School System to fax, mail, or e-mail my social security number for the purpose of fingerprinting and any other activity relating to my internship with Miami-Dade County Public Schools.

A photocopy of this authorization will be accepted with the same authority as the original.

_____	_____	_____
Signature	MDC Student Number	Last 4 digits of Social Security Number
_____	_____	
Printed Name	Date	

Are you a current M-DCPS Employee?     YES     NO

If YES, please provide your M-DCPS Employee Number: \_\_\_\_\_

If you are a current M-DCPS Employee, please provide your mailing address below so MDC can mail you your approval card (if you aren't a current employee, leave this blank):

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**RETURN COMPLETED FORM TO:**  
Miami Dade College - School of Education  
Office of Student Teaching and Field Placement  
InterAmerican Campus, Room IAP-10  
Fax: 305-237-6708