

Complete the “Academic Background Information” section of this form below, read the “Disclosure Authorization and Waiver” information, and sign at the bottom of this form:

Academic Background Information

1. Have you ever been admitted to, then withdrawn from, asked to withdraw from, or been dropped from a student teaching, clinical experience, or other intern/practicum program? Yes ___ No ___

2. Have you ever been placed on probation or disciplined by any college or university for academic dishonesty? Yes ___ No ___

If you answered “Yes” to either of these statements, please attach a letter explaining the circumstances.

Disclosure Authorization and Waiver

I authorize the University of Wisconsin-Madison (UW-Madison), its agents and employees, to carry out the criminal background check through the Wisconsin Department of Justice or equivalent agencies in other states, as part of the admission process and as background for assignment in a clinical education or field placement program. I authorize any person or organizations to provide UW-Madison, its agents and employees, any information that may be requested. Such inquiries may include, but are not limited by reason of enumeration, inquiries regarding the quality and quantity of my work, my work history and work record, opinions regarding my character and qualifications, any criminal charges that may be pending against me, and my record of convictions.

I hereby waive, release, and discharge any person or organization, including UW-Madison, its agents and employees, from any liability for any loss or damage or any claim for loss or damage that may arise from obtaining, releasing to third parties, or acting upon such information. Specifically, I covenant not to sue UW-Madison, its agents and employees, for releasing any information obtained by virtue of this release to third parties which UW-Madison in good faith, determined is a public record within the meaning of the Wisconsin Public Records Law, sec. 19.31, et seq. I give this waiver, release, covenant not to sue for myself, my heirs, assigns, and successors in interest fully understanding that the information obtained may disqualify me from participation in a UW-Madison clinical education or field placement program.

Applicant’s Name _____ Applicant’s ID _____

Applicant’s Signature _____ Date _____

Program(s) applied for _____

**Education Academic Services, School of Education
University of Wisconsin-Madison
B117 Education Building, Madison, WI 53706
608-262-1651**