

Waiver/Release of Information
Educator Preparation Institute

I, _____, do hereby authorize a release of information concerning my instructional performance in an instructional position in a public school district or in a private school at the **first, third and fifth year** of employment as a teacher to any duly authorized agent of the Educator Preparation Institute (EPI) at Valencia College in Orlando, Florida.

The intent of the authorization is to provide data on the effectiveness of the Educator Preparation Institute. The data will be reported to the Florida Department of Education to determine the effectiveness of alternative certification and for use in institutional reporting only. I consent to the release of my teacher evaluation or documentation that will enable the EPI program to report to the state the impact that I have had on P-12 student learning within the **first, third and fifth year** of teaching after my completion of the EPI program.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my employment and work performance insofar as the information is released solely to an agent of the Educator Preparation Institute at Valencia College who will be using the data for institutional reporting.

I have read the above, understand its contents, and voluntarily agree to its terms.

Student Signature

Date

Print Student Name