University of Minnesota Duluth
College in the Schools
Official Transcript for Institutional Use Release Form*

I, ____________________________ (print full legal name)

Last       First       Middle

List former last names:


give the ____________________________

(print school district’s name)

Public School District Human Resources Department authorization to provide a notarized
copy of my official college undergraduate and graduate transcripts to the University of
Minnesota Duluth College in the Schools program in conjunction with my application to
teach a UMD College in the Schools course beginning academic year fall ____________
through spring ________________.

Signed: ________________________________

UMD CITS Teacher Applicant

Date: ________________________________

*Make two copies of this signed document. Give the original to your ISD human resources
director, give one copy to your principal together with your CITS teacher application form
and other supporting documents, and retain one copy for your records.

Thank you.