



Utah State Board of Education

Consent to Release Educator's Records

Please provide information from the educational records of:

Educator's Legal Name: _____

CACTUS ID#: _____

Please release these educational records to one of the following:

- ☐ Utah State Board of Education (APPEL Program will send records to USBE)
- ☐ School District/Charter (USBE will send records to the School District/Charter)
- ☐ APPEL Program (USBE will send records to the APPEL Program)

Name of School District/Charter or APPEL Program: _____

Name of Contact Person(s): _____

Phone Number(s): _____

The only type of information that is to be released under this consent is:

- ☐ transcript(s)
- ☐ other (specify): _____

I understand informational records may be released to specified official(s) with legitimate educational interest in auditing or evaluation purposes. I understand the records may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to USBE Licensing Department. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Name of Person listed above to whom the educational records will be released for the specific purpose described above.

Signature of Educator: _____ Date: _____

***Please submit all requests to: appel@schools.utah.gov**

*For questions, please contact USBE Licensing at: email: appel@schools.utah.gov,
phone: (801) 538-7740.*