

CLEARANCES FROM SCHOOLS AND SCHOOL DISTRICTS FOR EMPLOYED PROFESSIONALS

Name:	WCU ID#:		
Program of Study:		Semester:	
Please check statements that app	ply for this semester	:	
Employed by a school district:	·		
	(school distr	rict)	
I will complete my field work	within my school dis	strict of employment.	
I will not be completing my fie	eld work within my s	school district of employment.	
	, -	am permitted to do field work in y school district's Human Resour	•
 ,	•	nt has previously submitted my cl ege of Education, West Chester L	
Employed school professionals	are approved for o	ne semester only when backgro	und clearances and
a TB test are submitted from the		, , ,	
a letter or email* stating the ememployment. The HR Department			
member's signature block sta			
employment. If the field work	-		
must be current, i.e., within o			
professionals can submit this for	rm indicating his or	<mark>her intentions for field work if t</mark>	nere are no changes
in employment or clearances.			
Please note: the employed profe district. It must be faxed to 610-4 coescans@wcupa.edu			
*Due to the sensitive information	on contained in clea	rances, it requires sending them	in a secure
manner through encrypted ema	il as directed by sta	te guidelines. Therefore, please	have the school
district email me first at dmeikle	e@wcupa.edu notif	ying me clearances are ready to	be submitted and I
will reply with an encryption in to clearances.	the subject line. The	ey will then reply to my email wi	th your attached
Student's signature			