

CLEARANCES FROM SCHOOLS AND SCHOOL DISTRICTS FOR EMPLOYED PROFESSIONALS

Name:	WCU ID#:		
Program of Study:		Semester:	
Please check statements that apply	for this semester:		
Employed by a school district:	(school district	<u> </u>	
	(SCHOOL dISTRICT)	
I will complete my field work wit	hin my school distri	ct of employment.	
I will not be completing my field	work within my sch	ool district of employment.	
Clearances, TB results, and a lett of employment will be submitted FAX to 610-436-2874.	, -	•	•
My school district's Human Reso results, and verification letter or are no changes.	·	, ,	
Employed school professionals are a TB test are submitted from the sca a letter or email* stating the employment. The HR Department member's signature block stating employment. If the field work is a must be current, i.e., within one	chool district's Humo byee has permission must fax this letter ag that the field going to be comple year from the dat	nan Resources (HR) Department to complete field work in the on letterhead or email* with swork will be done in the ted outside of the school distance of issue. For additional sections	nt accompanied by the school district of school district staff school district of rict the clearances timesters, employed
professionals can submit this form in employment or clearances.	indicating his or he	r intentions for field work if th	ere are no changes
Please note: the employed profession district. It must be faxed to 610-436 dmeikle@wcupa.edu	_		
*Due to the sensitive information of	contained in clearar	nces, it requires sending them	in a secure
manner through encrypted email a	s directed by state	guidelines.Therefore, please	<mark>nave the school</mark>
district email me first at dmeikle@	wcupa.edu notifyin	g me clearances are ready to l	oe submitted and I
will reply with an encryption in the clearances.	subject line. They	will then reply to my email wi	th your attached
Student's signature		 Date	