

AFFIDAVIT FOR CLEARANCE SCHOOL OF EDUCATION

Instructions:

This form is to be completed by any APU School of Education graduate student [pursuing coursework/degree program/non-credential program] in lieu of a California Commission on Teacher Credentialing clearance document. It should be completed after obtaining permission from the program director. The form will be placed in the student's permanent file.

I understand that I am expected to maintain a high level of professional and ethical behavior, and I must meet my program's professional dispositions throughout my Azusa Pacific University School of Education program experience. (initial)	
a background check review by the	niversity's School of Education programs require e Commission on Teacher Credentialing (CTC) to th grade students (initial)
for any assignments or research Pacific University School of Educ	g with any California Pre-K to 12 th grade students required for coursework throughout my Azusa ation program; therefore, I release Azusa Pacific actions that may be taken against me as a result nitial)
immediately provide a valid CTC c	n my status, I will notify my program director and learance document to my credential analyst while y's School of Education programs.
Signature	Date
Printed Name	APU ID#
Permanent Address	Permanent Phone Number
E-mail Address	Cell Phone Number

Form: Affidavit for Clearance 7/25/08 wr (Is)