

CENTER FOR PROFESSIONAL DEVELOPMENT
OFFICE OF STUDENT TEACHING
Norfolk State University

Telephone: (757) 823-8715/Telefax: (757) 823-2590

email: mdknight@nsu.edu

The teacher as competent, compassionate, cooperative and committed leader.

STUDENT TEACHING RELEASE FORM

Date: _____	Semester: _____	SSN: _____
Major: _____	Grade/Level: _____	
Name: _____	_____	_____
	Last	First MI
School: _____	City: _____	

Note: Any student teacher who does not return property belonging to their cooperating school will not receive a final student teaching grade until that property is returned and this form is signed by the school officials.

STUDENT TEACHER'S STATEMENT OF CERTIFICATION

I certify that I have returned all personal and school property to the appropriate person(s) or office (s) for my:

FIRST Experience

SECOND Experience

Student Teacher's Signature: _____ Date: _____

Cooperating Teacher's Signature Date

School Librarian's Signature Date

