

CENTER FOR PROFESSIONAL DEVELOPMENT  
OFFICE OF STUDENT TEACHING  
Norfolk State University

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

The Teacher as a 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