

Las Vegas Office
9890 South Maryland Parkway
Suite 221
Las Vegas, Nevada 89183
702-486-6458



Carson City Office
700 East Fifth Street
Suite 105
Carson City, Nevada 89701
775-687-5980

Serving all Nevada Counties

[Educator Licensure
license@doe.nv.gov](http://license@doe.nv.gov)

**State of Nevada
Department of Education
Authorization for Release of Personal Information
(Please Print Clearly)**

Name: _____
Last First MI

License #: _____ SS#: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Privacy Statement

Pursuant to [NRS 391.035](#), except as otherwise provided by law, an application to the Superintendent of Public Instruction for a license as a teacher or to perform other educational functions and all documents in the Nevada Department of Education's file relating to the application, including:

- a) The applicant's health records;
- b) The applicant's fingerprints and any report from the Federal Bureau of Investigation or the Central Repository for Nevada Records of Criminal History;
- c) Transcripts of the applicant's records at colleges or other educational institutions;
- d) The applicant's scores on the examinations administered pursuant to the regulations adopted by the Nevada Commission on Professional Standards in Education;
- e) Any correspondence concerning the application; and
- f) Any other personal information,

are confidential. It is unlawful to disclose or release the information in an application or any related document except pursuant to paragraph (d) of subsection 6 of [NRS 179A.075](#) or the applicant's written authorization.

Authorization/Revocation of Authorization

By signing below, you authorize the Nevada Department of Education to disclose any and all information contained within, or related to, your application for educator licensure with the individual or entity you have specified below. The information shared with that individual or entity may include, without limitation, educator licensure status, criminal and personal history information, college or university transcripts, test scores, and correspondence between you and the Department. This authorization will remain in effect until revoked in writing by you.

I hereby authorize the Nevada Department of Education to release any and all information related to my application for educator licensure as outlined above to: _____
Name of Individual or Entity

I hereby revoke my prior authorization to the Nevada Department of Education to release information related to my application for educator licensure as outlined above to: _____
Name of Individual or Entity

Signature: _____ Date: _____
(Signature must be witnessed by a state, county, or school district employee)

Witness Signature: _____ Printed Name: _____