

TEACHER CADET STUDENT DATA WAIVER

Date: _____

School: _____

I give my permission for the state of Colorado to track my enrollment from high school to college, and on to teacher licensure (if applicable.) I understand that the data will be used to evaluate the effectiveness of the Teacher Cadet program and will not be used for other purposes.

Name: _____
(Printed)

Signature: _____

Address: _____

High School Student ID Number: _____

Parent Signature: _____

Date: _____