

College Internship Verification

BHR-12 REVISED 2/2/2017

STUDENT SECTION: This section should be completed by the internship applicant

I authorize the State Department of Education to conduct a verification of education records pertaining to me. I authorize persons, schools and other organizations to release to the State Department of Education information that may be requested. I discharge the State Department of Education and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.

Applicant Signature: _____ **Date:** _____

SCHOOL SECTION: This section should be completed by the College/University

Please verify that the student applying for an internship with the State Department of Education is in good standing. If the student plans to receive credit for the internship, please indicate below department approval and any special requirements of the internship.

_____ is a student in good standing at _____
(Student Name) (College Name)

_____ has been approved by the Department of _____
to do an internship with the State Department of Education for credit.

Please indicate the number of hours that the student must work during the semester to obtain college credit: _____.

Please indicate if there are special requirements with this placement:

The signature and title of the referring Professor, Internship Coordinator or other college official is required.

Name: _____ Title: _____

Signature: _____

College/University: _____

Address: _____

Please return a copy to:

Chris Beloff, Bureau of Human Resources, Connecticut State Department of Education, 450 Columbus Boulevard, Suite 403, Hartford, CT 06103. E-mail: SDEIntern@ct.gov.