McKay School of Education Education Student Services

Release of Information: Student Teaching Evaluations

	(Please fill in form & th	nen print)		
First Name	Middle Name		Last Name	
Maiden Name	Student BYU ID # (9	digits)	Phone #	
Street Address		City	State	Zip
Email				
Major	Minor	Graduation Date		
How would you like to	receive your Student Teachin	g Evaluations	(check one):	
Name of person picking up ev Please fax my Student To Name of Person or Institut Fax number: Please mail my Student To	o my Student Teaching Evaluations valuations: eaching Evaluations to the following ion: Teaching Evaluations to the following ing sent to:	ı;: ng:		ick-up.)
Street Address		City	State Zip	
	Teaching Evaluations to the follow		_	
I authorize Brigham Young U	Iniversity to release my Student Teach	ning Evaluations a	s requested above.	
Signature		Date	2	_

Please mail, fax, hand deliver, or scan and email to:

Education Student Services Brigham Young University 350 David O. McKay Building Provo, UT 84602 Phone: (801) 422-3426 Fax: (801) 422-0195

ess@byu.edu