



**For release of information by College Authorities for the purpose of Registration
with the Teaching Council**

I hereby authorise the authorities in _____, where I was a student, to provide the Teaching Council with the details necessary to commence my registration with the Teaching Council, i.e., my name, contact address, date of birth, PPS number, qualification of study, final grade and a statement that I have successfully completed my teacher education programme.

Signature

Name In Block Capitals

Student Number

PPS Number

Date

This form should **NOT** be returned to the Teaching Council. Following completion it should be returned to the relevant Education Office/Registrars Office within the college or university. Completion of this form alone does not constitute registration with the Teaching Council.