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Serving all Nevada Counties



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

**Carson City Office**  
700 East Fifth Street  
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Carson City, Nevada 89701  
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**State of Nevada  
Department of Education  
Authorization for Release of Employment/Disciplinary Information**

Name: \_\_\_\_\_  
Last First MI  
Educator License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Paragraph (b) of subsection 2 of [NRS 391A.580](#) requires the State Board of Education to retain 25% of any money awarded to the recipient of a Teach Nevada Scholarship, for disbursement to the recipient once all requirements of [NRS 391A.585](#) and [NAC 391A.070](#) have been met.

Pursuant to paragraph (b) of subsection 1 of [NAC 391A.070](#), a recipient of a Teach Nevada Scholarship may only receive the money retained by the State Board of Education in accordance with [NRS 391A.580](#) if they have not been the subject of any disciplinary action taken by any school district by which they were employed or is not currently the subject of an investigation that could result in the imposition of disciplinary action against them.

**Authorization/Revocation of Authorization**

By signing below, you authorize the school district(s) or charter school(s) named below to disclose to the Nevada Department of Education any and all employment records pertaining to disciplinary action taken against you during your employment with that school district. Records and information released pursuant to this authorization will be used solely for the purpose of determining eligibility for disbursement of Teach Nevada Scholarship funds in accordance with [NAC 391A.070](#). This authorization will remain in effect until revoked in writing by you by resubmitting this form and selecting the second checkbox.

*I hereby authorize \_\_\_\_\_ to release to the Nevada Department of Education any and all information related to disciplinary action incurred during my employment with the said school district.*  
Name of Employing School District/Charter School

*I hereby revoke my prior authorization to \_\_\_\_\_ for release to the Nevada Department of Education of employment information as detailed above.*  
Name of Employing School District/Charter School

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be witnessed by a state, county, or school district employee, or by a notary public)

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_