



**FORM 1525
AUTHORIZATION--INTERN PERMIT**

INSTRUCTIONS:

This form must be completed by the intern, Institute of Higher Education (IHE) (if applicable), and the Human Resources (HR) department of the school district or charter school where the intern will complete the required clinical experience prior to graduation. The form is required as part of the application for an Intern Permit under Regulation 1525 and must be submitted with an unofficial transcript.

** For Delaware Educator Preparation Programs only: an official authorization letter on institutional letterhead may be submitted in place of completing this form. The letter must confirm that the applicant has been approved by their professional preparation program to proceed with the capstone clinical experience and must include the intern's full name, email address, date of birth, school year for placement, and prospective certificate.*

-----This section to be completed by the Intern-----		
Intern Name Last, First, Middle		Person ID from DEEDS
Intern Email Address	Phone Number	Date of Birth
College/University Name		
School Year	Educator Preparation Program	Prospective Certificate
----- INTERN ACKNOWLEDGEMENT -----		
This acknowledgment does not constitute approval by the DDOE		
Intern Acknowledgement Signature:		
Date:		
----- INSTITUTE OF HIGHER EDUCATION ACKNOWLEDGEMENT -----		
This acknowledgment does not constitute approval by the DDOE		
IHE Program Administrator Name:		
IHE Program Administrator Acknowledgement Signature:		
Date:		
----- DISTRICT OR CHARTER SCHOOL ACKNOWLEDGEMENT -----		
This acknowledgment does not constitute approval by the DDOE		
HR Director Name:		
HR Director Acknowledgement Signature:		
Date:		
School District/Charter School Additional Information (optional)		