

AFFIDAVIT FOR CERTIFICATE OF CLEARANCE

A. To be completed by the student teaching candidate:

Name: _____
(print or type full name)

Date of Birth: _____
Month Day Year

Social Security No.: _____

(PLEASE READ CAREFULLY)

1. I am the undersigned applicant for a Certificate of Clearance admitting me to student teaching pursuant to Education Code, section 44320 as amended.
2. I am free from any contagious and communicable disease or other disabling disease or defect, which would make unfit me to instruct or associate with children.
3. I have not been determined to be a sexual psychopath under the provisions of Article 1 (commencing with Section 6300) chapter 2, Part 2, Division 6 of the Welfare and Institutions Code, or under similar provisions of law of any other state.
4. I have never been convicted of any sex offense as defined in Education Code, Section 44010.
5. I have never been convicted of a controlled substance offense as defined in Education Code, Section 44011.
6. I have never been convicted of any offense defined in Education Code 44424
7. I am not presently under indictment or complaint for any matter specified in Education Code 44424 subsection (3), (4), (5) or (6).

I understand that my fingerprints will be checked by the California Department of Justice and the Federal Bureau of Investigation to determine if I have any record or criminal conviction. I further understand that any materially false statement in this affidavit or the accompanying application may lead to my prosecution for perjury and/or the revocation of this Certificate and/or the denial of any future teaching or service credential, certificate, or permit.

I hereby certify under penalty of perjury that the foregoing is true and correct.

Dated: _____

At (City/County/State) _____

Signature: _____

B. **To be completed by Dean/Director of Teacher Education or Chief Campus Officer of the institution accepting candidate into student teaching.**

Name of Institution: Stanford University

Date that candidate will begin student teaching assignment: June 26, 2024

Name of credential toward which this student teaching assignment is required: Certificate of Clearance/Sub or Intern permit

I am the Dean/director of Teacher Education/Dean's Designee or the chief Campus Officer at the above institution of higher education. I have personally examined the identification documents of this applicant and know that he/she is in fact the person he/she represents himself to be. I have personally interviewed the candidate and explained to him/her the very serious consequences of any concealment or falsification of his/her identity or fitness.

I certify under penalty of perjury that the foregoing is true and correct. Dated: _____

At (City/County/State): Palo Alto, Santa Clara County, CA

Name (print or type): Jeffrey Camarillo

Title: Assistant Director, STEP Secondary

Signature: _____