 District Request and Assurance Form

Teacher Certification –Alaska Department of Education and Early Development

# APPLICANT INFORMATION

Last Name:       First Name:       M.I.:

Last Four of Social Security Number:      Date of Birth:       Gender:

* **The remaining sections below are to be completed by the school district designee, NOT the applicant.**

# DISTRICT INFORMATION

Alaska School District:        
District Office Address:       City:      State:    Zip Code:       District Phone Number:       District Fax Number:         
Superintendent or Chief School Administrator Email Address:

# PLACEMENT

Indicate the applicant’s placement within the district.

**School Name Content Area Grade Level(s)**

           

# REQUEST & ASSURANCE

On behalf of the district’s school board, I request the issuance of a Limited Certificate for the individual listed in the, APPLICANT INFORMATION section above. I certify that the district intends to hire the applicant in the designated content area. The applicant will only be assigned classes that are in the applicant’s subject-matter expertise as recognized by the endorsement areas on their Limited Certificate.

The school district’s Board of Education and the applicant are aware of the requirements described in the, REQUIREMENTS section of the Checklist submitted. If the requirements are not met by the expiration of the one-year certificate, the applicant will no longer hold Alaska certification and will not be eligible to hold a teaching position in an Alaska public school.

Superintendent Printed Name:

Superintendent Signature:       Date:

# CONTACT TEACHER CERTIFICATION

If you have questions, please use the following information to contact the Teacher Education & Certification Office:

Email: [Teacher Certification](mailto:tcwebmail@alaska.gov) (tcwebmail@alaska.gov)  
Phone: (907) 465-2831 Fax: (907) 465-2441  
[Teacher Certification Website](https://education.alaska.gov/teachercertification) (https:/education.alaska.gov/teachercertification)