



DUPLICATE POSTCARD REQUEST

PERSONAL INFORMATION

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|------------------------|--|--|---------------------|--|--|--|--|--|--|-----------------------------|--|--|----------------------------|--|--|--|--|--|--|--------|--|--|------------------------|--|-------|--|--|----------|--|--|--|--|
| LAST NAME | | | | | | | | | | FIRST NAME | | | | | | | | | | M.I. | | | SOCIAL SECURITY NUMBER | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | CITY | | | | | STATE | | | ZIP CODE | | | | |
| HOME PHONE NUMBER | | | | | | | | | | WORK OR MOBILE PHONE NUMBER | | | | | | | | | | GENDER | | | | | | | | | | | | |
| HOME EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHDATE (MM-DD-YYYY) | | | FORMER LAST NAME(S) | | | | | | | | | | HIGHEST EDUCATIONAL DEGREE | | | | | | | | | | | | | | | | | | | |

It is the responsibility of the applicant to maintain current information, including name, mailing and email addresses on file with the Teacher Certification Office. **Contact information can be changed online at <https://education.alaska.gov/TeacherCertification/>. All name changes must be supported with a photocopy of the legal document verifying the change.**

FEE SCHEDULE

The fee for a duplicate postcard is \$10.00. You may pay with a credit card via the EED Online Payment Center, cashier's check, or money order (payable to DEED). Fees are non-refundable. **Personal checks will not be accepted.**

If paid for via the payment center, include the EED Payment receipt with your application.
 Online Payment Center: <https://education.alaska.gov/TeacherCertification/PaymentCenter>

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

Duplicate Postcards will be mailed to the applicant, not to a school district or other third party.