



SYNCHRONIZE CERTIFICATE REQUEST

PERSONAL INFORMATION

LAST NAME										FIRST NAME										M.I.			SOCIAL SECURITY NUMBER									
MAILING ADDRESS																				CITY					STATE			ZIP CODE				
HOME PHONE NUMBER										WORK PHONE NUMBER										GENDER												
PERSONAL 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 and mailing address, on file with the teacher certification office. All name changes must be supported with a photocopy of the legal document verifying the change.

CERTIFICATE INFORMATION

I am requesting the expiration dates of the following renewable certificates be synchronized:

- PROFESSIONAL TEACHER CERTIFICATE -- ISSUE DATE: _____ EXPIRATION DATE: _____
- ADMINISTRATIVE CERTIFICATE -- ISSUE DATE: _____ EXPIRATION DATE: _____
- SPECIAL SERVICES CERTIFICATE -- ISSUE DATE: _____ EXPIRATION DATE: _____

I give the Teacher Certification Office permission to shorten the duration of the certificates listed above as necessary so that all of the listed certificates expire on the same date. I understand that I will lose time on at least one of my certificates.

APPLICANT'S SIGNATURE

FEE SCHEDULE

No fee is required.