TEACHER CERTIFICATION APPLICATION

OUT-OF-STATE EXAM VERIFICATION FORM

VERIFICATION OF PASSING SCORES ON OUT-OF-STATE SUBJECT AREA TESTS

I. To be completed by the applicant

LAST NAME | FIRST NAME | MIDDLE INITIAL | U.S. SOCIAL SECURITY NUMBER

MAILING ADDRESS | CITY | STATE | ZIP CODE

HOME PHONE NUMBER | WORK PHONE NUMBER | GENDER

EMAIL ADDRESS

BIRTHDATE (MM-DD-YYYY) - -

FORMER LAST NAME(S) | HIGHEST EDUCATIONAL DEGREE

I hereby permit the release of information concerning my certificate(s) to the Department of Education, Teacher Education and Certification, State of Alaska.

Signature _____ Date _____

II. To be completed by ISSUING AUTHORITY

The individual named above holds/has held certification in your state. The Alaska Teacher Certification Office is requesting a statement from you indicating any **subject area** test(s) passed for issuance of those certificate(s). Do **not** mail or fax this form to the Teacher Certification Office. **RETURN THIS FORM TO THE APPLICANT AT THE ABOVE ADDRESS.**

NAME OF TEST	SUBJECT AREA	MINIMUM SCORE	APPLICANT'S HIGHEST SCORE	DATE PASSED

CERTIFYING AGENCY _____ DATE _____

SIGNATURE OF OFFICIAL _____ MAILING ADDRESS _____

PRINTED NAME _____ EMAIL ADDRESS _____

TITLE _____ TELEPHONE NUMBER _____

DUE TO THE VARIETY OF TESTING OPTIONS IN A STATE, PRIOR TO SUBMITTING THIS FORM TO TEACHER CERTIFICATION, FAX THIS FORM TO (907) 465-2441 TO VERIFY THAT THE TEST WILL BE ACCEPTED BY TEACHER CERTIFICATION.