



DUPLICATE POSTCARD REQUEST

PERSONAL INFORMATION

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 certificate is \$10. You may pay via the EED Online Payment Center, a cashier's check, or money order. **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.