Alabama State Department of Education Educator Certification Section

5215 Gordon Persons Building Post Office Box 302101 Montgomery, AL 36130-2101

Telephone: (334) 694-4557



SUPPLEMENT CER

Verification of Certificate(s) Held in Other States, The District of Columbia, U.S. Territories, or The Department of Defense Education Activity (DoDEA)

(Before sending this form, please confirm with the certificate issuing authorities if they will be able to complete it. Some authorities may not fill out this form.) PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT

PERSONAL DATA					
Legal Name as it appears on government-issued identification.					
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Email Address		Cell Number		Work Telephone	
Social Security Number		ALSDE ID	Date of Birth (mm-dd-yyyy)		

I hereby permit the release of information concerning my certificate(s) to the Superintendent of Education, State of Alabama.

Date Signature of Applicant **VERIFICATION DATA:** TO BE COMPLETED BY THE ISSUING AUTHORITY. (Department of Education or Commission; not a college/university or a school system) If the individual named above holds/has held certification in your state, the District of Columbia, a U.S. Territory, or the DoDEA, the Alabama Educator Certification Section requests verification of the certificate(s) held. Forward it to the Educator Certification Section at the above address. Additional information may be submitted as an attachment. Certificate(s) Type of Each Grade Level(s) Degree Level(s) Most Recent Date of (Specific Areas/Endorsements) of Each Certificate Certificate of Each Certificate Valid Period of **Original Issuance of** (Professional, Alternative, (K-6, 6-12, P-12, (Bachelor's, **Each Certificate** Each Certificate etc.) etc.) Master's, etc.) (mm/dd/yyyy-mm/dd/yyyy) (mm/dd/yyyy-mm/dd/yyyy) This individual has never held a certificate in this state, the District of Columbia, this U. S. Territory, or the DoDEA. This individual has an application for certification pending in this state, the District of Columbia, this U.S. Territory, or the DoDEA. State Agency, the District of Columbia, U.S. Territory, or DoDEA Date Address Signature of Authorized Official Printed Name Title Telephone Number E-mail Address

OFFICIAL SEAL OF THE STATE, THE DISTRICT OF COLUMBIA, U.S. TERRITORY, OR DODEA MUST BE AFFIXED OR THE BUSINESS CARD OF THE AUTHORIZED OFFICIAL MUST BE ATTACHED. FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.