



# DUPLICATE CERTIFICATE REQUEST

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	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	

**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 A COPY OF MY:

TEACHING CERTIFICATE     
  ADMINISTRATIVE CERTIFICATE     
  SPECIAL SERVICES CERTIFICATE

I WOULD LIKE A COPY OF MY CURRENT CERTIFICATE.

I WOULD LIKE A COPY OF AN EXPIRED CERTIFICATE.

Dates of expired certificate: \_\_\_\_\_

## FEE SCHEDULE

THE FEE FOR A DUPLICATE CERTIFICATE IS \$25.00 *PER CERTIFICATE*. YOU MAY PAY WITH A CASHIER'S CHECK (PAYABLE TO EED), MONEY ORDER, OR CREDIT CARD (VISA OR MASTERCARD). FEES ARE NON-REFUNDABLE. **DEBIT CARDS WILL NOT BE ACCEPTED. PERSONAL CHECKS WILL NOT BE ACCEPTED.**

PLEASE INDICATE:

		.	0	0
AMOUNT				

								/		
CREDIT CARD NUMBER										EXPIRATION DATE (MM/YY)

NAME ON CREDIT CARD \_\_\_\_\_

CARD HOLDERS'S SIGNATURE \_\_\_\_\_

## APPLICANT'S SIGNATURE

**DUPLICATE CERTIFICATES WILL BE MAILED TO THE CERTIFICATE HOLDER, NOT TO A SCHOOL DISTRICT OR OTHER THIRD PARTY.**

Department of Education & Early Development, Teacher Education and Certification  
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