



SYNCHRONIZE CERTIFICATE REQUEST

PERSONAL INFORMATION

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|------------------------|--|--|---------------------|--|--|--|--|--|--|-------------------|--|--|----------------------------|--|--|--|--|--|--|----------------|--|--|------------------------|--|-------|--|--|----------|--|--|--|--|
| 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 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 loss time on at least one of my certificates.

APPLICANT'S SIGNATURE

FEE SCHEDULE

No fee is required.