



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

Telephone: (334) 694-4557
www.alsde.edu/EdCert

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)

(Please be advised that some certificate issuing authorities will not complete this form. Check to verify that they will complete this form prior to forwarding.)

I. Personal Data: (TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.)

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Street/Apt./P.O. Box/Route and Box		City		State	ZIP Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
() <input style="width: 90%;" type="text"/>	() <input style="width: 90%;" type="text"/>	() <input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Social Security Number	Date of Birth (mm/dd/yyyy)				
- - <input style="width: 90%;" type="text"/>	/ / <input style="width: 90%;" type="text"/>				

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

Date

Signature of Applicant

II. 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. **PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT;** forward it to the Educator Certification Section at the above address. Additional information may be submitted as an attachment.

Certificate(s) (Specific Areas/Endorsements)	Type of Each Certificate (Professional, Alternative, etc.)	Grade Level(s) of Each Certificate	Degree Level(s) of Each Certificate	Most Recent Valid Period of Each Certificate (mm/dd/yyyy-mm/dd/yyyy)	Date of Original Issuance of Each Certificate (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.