

SYSTEM REQUEST
(TO EXPEDITE APPLICATION PROCESSING)
TO BE COMPLETED BY SCHOOL SYSTEM
(Complete one form for each request)

SYSTEM _____ DATE _____

DIRECTOR _____

AUTHORIZED OFFICIAL MAKING REQUEST _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

EDUCATOR'S FULL NAME _____
First name Middle Initial Last name

SS # _____ OR TEACHER # _____

CURRENT ADDRESS _____
Street Address Apt #

City State Zip code

The portion below is to be completed by the Office of Teacher Licensing
TO BE COMPLETED BY SECRETARIAL STAFF

DATE RECEIVED _____

CATEGORY PLACED IN MAIL LOG _____

APPROPRIATE CONSULTANT _____

TO BE COMPLETED BY APPROPRIATE CONSULTANT

DATE CONSULTANT COMPLETED _____

ACTION TAKEN _____

SIGNED _____