

NOTE: City of Chicago residents should forward this form to Division of Certification and Professional Development, ISBE, 100 North First Street Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
 Division of Certification and Professional Development
 100 North First Street
 Springfield, Illinois 62777-0001



Please type or print.

CERTIFICATION UPDATE/DUPLICATE CERTIFICATE REQUEST

DIRECTIONS: This form may be used to indicate a change of address in Part I, a change in name in Part II, or to notify us of a change in degree in Part III. Part IV may be used to request a duplicate of your certificate. The completed form should be forwarded through the Regional Superintendent's office.

NAME (Last, First, MI, Maiden)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)
CURRENT ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)

PART I Notice of Change of Address -The above address is a new address. Please correct your records.
 PREVIOUS ADDRESS (Street, City, State, Zip Code)

PART II Name Change

CHANGED FROM	CHANGED TO
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PART III Degree Change - Attach an official transcript from a recognized teacher education institution showing the degree to update our records.

INSTITUTION	DEGREE	DATE
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PART IV Request for Duplicate Certificate - Part IV is to be completed if the certificate holder wishes a copy of a certificate showing the changes made in name to the holder's certificate. This section may also be used to request a copy of the holder's certificate for other reasons, including loss. A request for each duplicate certificate must be accompanied by a \$4.00 fee made payable to the Regional Superintendent of Schools and a \$4.00 fee made payable to the State Superintendent of Education except in Chicago. In Chicago each duplicate certificate request must be accompanied by a fee of \$8.00 made payable to the State Superintendent of Education. If you owe any registration fees for years when you did not register your certificate, you will be required to pay those fees to your regional superintendent.

Type of Certificate	Date Issued	Certificate Number	County Last Registered	Date of Last Registration*

* An incomplete last registration date will result in registration fees being charged back to the second year of the certificate's validity.

FOR CHICAGO RESIDENTS ONLY.

A. My certificates are are not current and valid.

B. **FEES:** \$8.00 per duplicate x _____ duplicates = \$ _____

Attach a certified check or money order for the above amount made payable to the State Superintendent of Education.

I do hereby affirm that the above information is true, accurate and complete.

 Date Signature

 Date Signature of Regional Superintendent

ISBE USE ONLY

Duplicate Issued: