



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
 EDUCATOR CERTIFICATION
 POST OFFICE BOX 480
 JEFFERSON CITY, MISSOURI 65102-0480
 (573) 751-0051

DELETION OF CERTIFICATE(S) OF LICENSE TO TEACH

SECTION A: TO BE COMPLETED BY CERTIFICATE HOLDER

*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

EMAIL ADDRESS

DATE OF BIRTH

MALE FEMALE

PHONE NUMBERS

H _____ W _____

I confirm that I hold and wish to delete the following certificate(s) of license to teach:

TYPE	GRADE	DATES

Are you currently employed to teach in a public school district? YES NO

- I confirm that my certificate(s) of license to teach is not disciplined, suspended, revoked, or restricted in any way.
- I confirm that I am not deleting my certificate(s) of license to teach under the threat of investigation of disciplinary action.
- I confirm that there is no investigation, adverse action, complaints before any regulatory board or agency, or criminal action pending against me.

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/fregaskques/SSN_Disclosure.pdf

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

SECTION B: MUST BE SIGNED IN PRESENCE OF NOTARY

NOTARY PUBLIC EMOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS) _____
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____	
SIGNATURE OF APPLICANT _____		DATE _____

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4212.

**PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION,
 POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
 ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

<http://www.dese.mo.gov>