



**SOUTH CAROLINA
DEPARTMENT OF EDUCATION**

Credential Verification Form

Office of Educator Services
South Carolina Department of Education
849 Learning Lane
West Columbia, SC 29172
(803)896-0368 | fax
certification@ed.sc.gov | email

To Be Completed by the Educator

Last Four Digits of SSN: _____ EID (required): _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: ____ Former Name: _____

Email: _____ Phone: (____) _____ Work Phone: (____) _____

I hereby permit the release of information concerning my certificate(s) to the South Carolina Department of Education.

Signature: _____ Date: _____

To Be Completed by a Certification or Licensing Official with the Issuing Agency

*If the individual named above has held a certificate issued by your agency, please complete this verification form. Please do not return this form to the applicant; **return directly to the SCDE** by mail, fax, or email as noted at the top of the form.*

Basis for Original Credential: Traditional Program Alternative Program Reciprocity
Other: _____

Exams Required for Original Credential: Pedagogy/Teaching Knowledge Content/Subject Area Knowledge

Field, Area, or Endorsement	Grade Levels	Date of First Issuance (MM/DD/YY)	Most Recent Credential Type	Content Exam (Y/N)	Basis for Issuance (Reciprocity, program, coursework, exam, etc.)

Name of Issuing Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Website: _____

Name of Official: _____ Title: _____

Email: _____ Phone: (____) _____

Signature: _____ Date: _____