STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

MOLLY M. SPEARMAN
STATE SUPERINTENDENT OF EDUCATION

Verification of Licensure held in United States, United States Territories or the Department of Defense Education Activity (DoDEA)

I. Personal Information

To be completed by the applicant.

Name:		
Date of Birth:	SSN:	Email:
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:

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

_____ _____

Date **Signature of Applicant**

II. Verification Information

If the individual named above holds/has held certification in your state, U.S. Territory, or DoDEA, please complete the verification form. **PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT**; return form to South Carolina Department of Education, 8301 Parklane Road Columbia, SC 29223 or Fax to 803-896-0395 or Email to certification@ed.sc.gov

Certificate(s)/Endorsement(s)	Type (Professional, Initial etc…)	Grade Level	Degree Level	Most Recent Validity Period	Date of Original Issuance	Passing Score on Required Content Knowledge Test (Yes/No/Not Required)

State Agency	Signature of Official	Affix State /Territory Seal
Address	Printed Name	
	Title	
Telephone	E-Mail Address	