

Note: City of Chicago Residents should forward this form to the Educator Certification Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001. Please call 217/557-6763 for applicable fee amount.

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001



CERTIFICATION UPDATE/DUPLICATE CERTIFICATE REQUEST

Directions: Please print or type the information requested, and sign in ink. Return this completed form to your Regional Office of Education, and include the applicable fee in the form of a cashier's check. (Contact information is in your telephone book under local or county government, or at <http://www.isbe.net/regionaloffices/pdf/roedirectory.pdf>.) Please contact your regional superintendent regarding to whom the cashier's check should be made payable. Chicago residents should mail the application and applicable fee in the form of a cashier's check, payable to the **State Superintendent of Education**, to the above address. Fees are not refundable or transferable. 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.

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)	
	E-MAIL	

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 - Attach a copy of an official document verifying the 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 RECEIVED
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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 to the Regional Superintendent of Schools and a \$4.00 fee to the State Superintendent of Education except in Chicago. In Chicago each duplicate certificate request must be accompanied by an \$8.00 cashier's check made payable to the State Superintendent of Education. Outside of Chicago consult with your Regional Superintendent regarding the type of payment accepted. 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.*

A. My certificates are are not current and valid.

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

Chicago residents attach a cashier's check for the above amount made payable to the State Superintendent of Education. All others consult with your Regional Superintendent regarding the type of payment accepted.

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

 Date Original Signature

 Date Original Signature of Regional Superintendent

ISBE USE ONLY

Duplicate Issued: