 Synchronize Certificate Request Form

Teacher Certification – Alaska Department of Education and Early Development

# PERSONAL INFORMATION

Enter all personal information in the spaces provided, including contact phone number(s) and email address.

Last Name:       First Name:       M.I.:

Social Security Number:       Date of Birth:       Gender:

Mailing Address:       City:      State:    Zip Code:

Home Phone:       Work/Cell Phone:

Primary Email:       Secondary Email:

Former Last Name(s):       Highest Educational Degree:

## CERTIFICATE INFORMATION

**Note:** Synchronization can only occur when renewing a 5-year certificate, and should accompany your renewal application or supporting documents.

I am requesting the expiration date of my:

Teaching Certificate Administrative Certificate Special Services Certificate

To be aligned to the expiration date of my:

Teaching Certificate Administrative Certificate Special Services Certificate

# SIGNATURE

I give the Teacher Certification Office permission to shorten the duration of the certificates listed above as necessary so that all of the listed certificates expire on the same date.

I understand that I will lose time on at least one of my certificates, and that this process does not allow certificates to be extended beyond 5 years.

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature:       Date:

# MAIL YOUR APPLICATION

The application and supporting documents must be mailed to the Teacher Certification office at the following address:

Department of Education and Early Development

Teacher Certification

PO Box 110500

Juneau, AK 99811-0500

Photocopies, scanned or faxed applications will not be accepted.