

**TENNESSEE DEPARTMENT OF EDUCATION**

Office of Educator Licensing  
 12th Floor, Andrew Johnson Tower  
 710 James Robertson Parkway  
 Nashville, Tennessee 37243-0377  
 Telephone (615) 532-4885

**THIS FORM IS TO BE USED ONLY IF THE APPLICANT WAS ISSUED A FULL TEACHING CREDENTIAL PRIOR TO JULY 1, 1984 AND CANNOT PROVIDE A COPY OF THAT LICENSE.**

**TO BE COMPLETED BY APPLICANT**

Last Name		First Name		Middle/Maiden	
Street/P.O. Box			Date of Birth	Social Security Number	
City		State	Zip Code	*Race	* Sex

*\*Optional Statistical Information Only*

**TO BE COMPLETED BY STATE DEPARTMENT OF EDUCATION:**

***PLEASE COMPLETE AND RETURN TO THE ABOVE NAMED INDIVIDUAL.***

Type Full License/Certificate Held	Endorsement Code(s)	Original Date of Issue	Date of Expiration

Has the License or Certificate been revoked or suspended? \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

State in which Licensure/Certification awarded \_\_\_\_\_

License/Certificate Reference Number \_\_\_\_\_

Signature of State Department of Education Official		Title	Date
E-Mail Address	Telephone Number		