

**VERIFICATION OF TEACHING LICENSE ISSUED PRIOR TO JULY 1, 1984
(Out of State Applicants)**

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Has the License or Certificate been revoked or suspended?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
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E-Mail Address	Telephone Number
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MAIL TO :

**Office of Teacher Licensing
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
Telephone (615) 532-4885**