



MARYLAND STATE DEPARTMENT OF EDUCATION

REQUEST FOR INFORMATION ON AN APPLICANT'S CERTIFICATION STATUS

On behalf of _____, I am requesting the certification status of the following applicant for a position, pursuant to Md. Code, Educ. §6-113.2:

Name of Applicant (include any prior names): _____

Date of Birth: _____ Last Four Digits of Social Security Number: _____

Employer Requesting Information: _____

Employer Contact Name: _____

Address: _____

Phone: _____ Email: _____

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(to be filled out by the Maryland State Department of Education)

The above-listed individual:

1. Holds or has held a Maryland Educator Certificate yes no;

2. Is the Maryland Educator Certificate active? yes no; If yes, complete the following:

Type: _____ Validity: _____

Area(s): _____

3. Has had a certificate suspended, revoked, or denied in Maryland for reasons of child abuse or sexual misconduct yes no

Action taken (suspension, revocation, denial): _____

Date of action: _____

Cause: _____

The individual has never held certification in Maryland

Date

Signature

Name of MSDE Employee