SPECIAL REQUEST

For use by school units only.

employee's last name	first name	middle name	maiden name
social security number	school ur	nit and number	telephone number of personnel officer
	Check the action yo	ou are requesting.	
activate license for ILP (change first character of program code from 5 to 8)		research total years of experience	
waive requirement for ILP (explain below)		send duplicate license	
extend Standard Profession I		convert to a Standard Profession II	
	other		
Explanation or justification:	:		
	signature of super	intendent or designee	
	dat	re	
	email a	address	

Public Schools of North Carolina Department of Public Instruction Licensure Section 6365 Mail Service Center Raleigh, North Carolina 27699-6365