

# SPECIAL REQUEST

*For use by school units only.*

employee's last name

first name

middle name

maiden name

social security number

school unit and number

telephone number of  
personnel officer

## Check the action you 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 superintendent or designee

\_\_\_\_\_  
date

\_\_\_\_\_  
email address