

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

☐ other _____

Explanation or justification: _____

signature of superintendent or designee

date