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	e requesting.
activate license for II character of program		research total years of experience
waive requirement for (explain below)	or ILP	send duplicate license
	other	
Explanation or justification		
	signature of superintend	lent or designee
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Public Schools of North Carolina State Board of Education Department of Public Instruction Licensure Section 6365 Mail Service Center Raleigh, North Carolina 27699-6365