

## TRANSCRIPT REVIEW REQUEST

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Enrollment Status (Check one)

Lateral Entry (Attach employment contract or verification of employment)

School Employed \_\_\_\_\_

Licensure-Only (currently hold a bachelor's degree)  
Note: Follow-up will come from major department

Add-On (currently licensed in another area)

Licensure Area Requested \_\_\_\_\_

Special Education (check all that apply)

BED

MD

LD