

Minnesota Educator Tier 4 License Application

Application General Information and Checklist

General Information: A Tier 4 licensure candidate must hold a minimum of a bachelor's degree, have passed the MTLE content and pedagogy exams in the licensure field requested, show proficiency in basic skills testing, evidence completion of a teacher preparation program, and have at least three years of teaching experience in a Minnesota school. The Tier 4 license is valid for five years and expires on June 30 of the expiration year. A Tier 4 license may be renewed an unlimited number of times, pending renewal requirements. Requirements include 125 clock hours, including current mandatory requirements. If a candidate holds a Tier 3 or 4 license, the district must apply for an out-of-field permission rather than a Tier 1 or Tier 2 license.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

Review and check the below list to ensure you have completed the required paperwork and included all required materials for submission. All applications must include Sections 1, 2, 3, 4, 5, and 6.

- Application processing fee in the form of a check or money order made payable to "PELSB."**
 - For initial/first-time applicants: an initial application and fingerprint card processing fee of \$90.25.
 - For existing license holders: an application fee of \$57.00 (fingerprint card is not required).
- Fingerprint card completed for initial applications, signed and dated. Be sure NOT to fold or bend the card.**
 - To request a fingerprint card, please [email](mailto:pelsb@state.mn.us) PELSB staff at pelsb@state.mn.us or call 651-539-4200 (option 1) and include your full name and current mailing address in your message. The subject line of the email should be "Fingerprint Card Request." The fingerprint card must be submitted with the complete application.
- Official transcripts from all colleges or universities attended in an institution's sealed envelope. In most instances, earned degrees must be posted on transcripts.**
 - If you are adding a new licensure field to an existing Minnesota license, submit transcripts that have not been previously submitted and/or that are related to the licensure field requested.
 - For individuals with preparation completed outside of the United States or its territories, transcripts must be evaluated by a foreign credential evaluation service. The [National Association of Credential Evaluation Services](#) (NACES) has a list of approved providers. Please mail the original course-by-course evaluation of your foreign preparation to PELSB.
- Completed application, signed, dated, and including Sections 1-4.**
 - **Designated Address:** Your designated address may be a residence, PO Box, or place of business. Please note that the address you designate on this form does not remain private after a license is issued.
 - **Home Address:** Your home address remains private if a designated address is supplied. If there is no designated address, the home address does not remain private after a license is issued.
- Section 5A: Conduct Review Statement completed, signed and dated AND, if you answered YES to questions 1, 2, 3, 4, or 6, complete Section 5B. If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12, include the additional materials requested.**
- Section 6: Verification of Completion of a State-approved Program**
 - This form must be completed, signed and dated by the certifying officer of the institution where the teacher preparation program was completed.
- Section 7: Verification of Teaching Experience Form**
 - This form must be completed, signed, and dated by an authorized school official.
- Section 8: Verification of Teaching Experience for Initial Administrative License**
 - This form must be completed, signed, and dated by an authorized school official.

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Tier 4 Minnesota Educator License Application

It is the applicant's responsibility to submit the required items in ONE complete packet to PELSB. To ensure the submission of a complete packet, review and follow the instructions below.

A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.**

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 which includes fingerprint card fee. Request a fingerprint card from PELSB and include with the complete application.
- Existing License Holder Application Fee: \$57.00 (does not require a fingerprint card.)

Mailing Address	Telephone Number	Web Address	Email Address
PELSB 1021 Bandana Blvd. East, Suite 222 Saint Paul, MN 55108-5111	651-539-4200	https://mn.gov/pelsb/	pelsb@state.mn.us

[Minnesota Statutes 122A.184 Tier 4 License](https://www.revisor.mn.gov/statutes/cite/122A.184) (<https://www.revisor.mn.gov/statutes/cite/122A.184>)

Important Information

- This application is for general and special education. If you are seeking a Career and Technical Education (CTE) or Career Pathways license, you will need to complete the CTE or Career Pathways application.
- If you have only ever held a **COMMUNITY EXPERT PERMISSION** this application is considered an initial application. All initial applications require completion of a fingerprint card and submission of official transcripts. You will pay the \$90.25 fee. Include the fingerprint card with the complete application.
- If this is an initial Minnesota license or you have only held a Community Expert permission, you will need to include a completed fingerprint card and submit with the complete application.
- If you are adding a new licensure field to or renewing an existing Minnesota license, you do not need to complete a fingerprint card or send documentation that relates to your existing license. You will ONLY send documentation that is new since your last application AND pertains to the licensure field you are requesting on this application.

Section 1: Applicant Information

- Name: Provide your legal name as it appears on your social security card. If you are adding a new licensure field to an existing Minnesota license AND you have a NAME CHANGE, please attach a [Name Change Authorization](#) form. This form is on the PELSB website, under "Current Educators" and "License Requirements and Forms."
- Social Security or Individual Taxpayer Identification Number: [Minnesota Statute 270C.72, Subdivision 4](#) requires all agencies that issue licenses to collect social security (SSN) or individual taxpayer identification (ITIN) numbers as part of the application. Your application will be deemed incomplete if not provided.
- Email: It is important to provide an email address that you have access to throughout the year. Important information will be sent to this email address, including instructions on how to print the e-license.
- **Designated Address: Your designated address may be a residence or place of business. Please note that the address you designate on this form does not remain private after a license is issued.**
- **Home Address: Your home address remains private if you enter a separate designated address. If there is no designated address, the home address does not remain private after the license is issued.**
- Ethnicity/Race: This section is optional and will not affect the decision of the application.

Section 2: Application Type

- Be sure to include the licensure field area you are requesting on this application. If you are unsure of what the name of the licensure field is, please see the [Minnesota Licensure Fields](#) document.
- If you hold an existing Minnesota license and are adding a new licensure field with this application, be sure to indicate this by checking the statement in this section.

- If you are renewing an existing Tier 4 Minnesota license with this application, indicate that you are renewing by checking the statement in this section. Both of these statements may be checked.
- If you are applying for a license in the field of **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**, be sure to read all these instructions for additional information on requirements for your application.
- **Administrative Licenses:** Administrative license applications, which are non-tiered licenses, must identify the licensure field as Principal, Superintendent, Director of Special Education, or Community Education Director.

Section 3: Educational Background

- All individuals must complete this section.
- Official transcripts in an institution's sealed envelope must be included with the rest of the required application materials for licensure. All mailed materials must be submitted in one complete packet.
- **Administrative Licenses:** Minnesota license applicants must verify a master's degree and the equivalent of 30 semester credits beyond the master's degree. Transcripts are required from ALL institutions.

Section 4: Licensure Requirements

- All applicants must complete this section.
- If you hold an educator license in another state, include a copy of the license.
- If you have completed the education requirements in Minnesota for a license in **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**, check Minnesota state-approved program option. See Section 6 for education requirements.
- If you have completed the education requirements outside of Minnesota for a license in **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**, check the outside of Minnesota option. See Section 6 for education requirements.

Section 5: Conduct Review

- All applicants are required to complete Section 5A.
- If this is NOT your first application for a Minnesota education license, your answers on the conduct review statement apply only to the period since your last application.
- If you answered YES to questions 1, 2, 3, 4, or 6; complete Section 5B.
- If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12; include the additional materials requested.

Section 6: Verification of Completion of a State-Approved Licensure Program

- This verification form must be completed by the official certification officer at the recommending college, university, or institution.
- **School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist** applicants are NOT required to complete this section. YOU ARE REQUIRED to submit official transcripts from all institutions in an institution's sealed envelope.
- **School Nurse** applicants MUST submit evidence (official transcripts) of completion of a nursing program and include a copy of your current licensure as a Minnesota registered nurse AND current registration as a Minnesota public health nurse.
- **School Psychologist** applicants MUST submit evidence (official transcripts) of completing a preparation program in school psychology accredited by the [National Association of School Psychologists](#) (NASP).
- **School Social Worker** applicants MUST submit evidence (official transcripts) of completing a program accredited by the [Council on Social Worker Education](#) (CSWE) and you MUST include a copy of your current Minnesota Board of Social Work license.
- **Speech-Language Pathologist** applicants MUST submit evidence (official transcripts) of a master's degree in a Speech-Language Pathology from a program accredited by the Council on Academic Affairs of the [American Speech-Language-Hearing Association](#) (ASHA) OR evidence of holding a valid certificate of clinical competence from ASHA.

- **School Counselor** applicants that have completed a preparation program for school counseling accredited by the [Council for the Accreditation of Counseling and Related Educational Personnel](#) (CACREP) are not required to complete this section. You are still REQUIRED to submit official transcripts from all institutions in a sealed envelope.
- **School Counselor** applicants that have completed a preparation program not accredited by CACREP MUST submit Section 6, as well as submit official transcripts in a sealed envelope.

Section 7: Verification of Teaching Experience

- Complete this section if you are providing documentation of teaching experience.

Section 8: Verification of Teaching Experience for Initial Administrative Licensure

- If you are applying for an administrative license, submit Sections 6 and 8.
- Have the appropriate authorized individual or organization complete the verification.

Privacy Statement:

The data you provide on an application for Minnesota education licensure will be used by Minnesota Professional Educator Licensing and Standards Board to assess your qualifications for licensure. You are not legally required to provide this data. However, if you fail to provide information, PELSB may be unable to process your license application. Until licensure is granted, the information you provide on the application is private data, accessible to only you, PELSB, its staff, and/or staff of the Attorney General's Office representing PELSB. Your application and all submitted application materials, except your Social Security number, become public data if licensure is granted, according to [Minn. Stat. § 13.41, Subd. 5](#).

Under [Minn. Stat. § 270C.72](#), PELSB is required to provide your Social Security number to the Minnesota Commissioner of Revenue. This information may be used to deny the issuance and renewal of your license or to revoke your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. PELSB will provide only your Social Security number to the Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to share this information to the Internal Revenue Service. Failing to supply this information may jeopardize or delay the issuance or your license or processing your renewal application.

When working with required data reporting from Minnesota public school districts, PELSB will use your private or confidential data only for purposes of confirming unique identity. PELSB staff having access to this data are only those working directly with licensing or the data reporting systems.

Application for a Tier 4 Minnesota Educator License

General Information and Instructions: a partial or incomplete application packet will be returned to the applicant for completion and resubmission. To ensure the submission of a complete packet, review and follow the instructions and checklist.

A completed Conduct Review Statement must accompany every application.

If you have questions, call 651-539-4200, go to the [website](https://mn.gov/pelsb/) at <https://mn.gov/pelsb/>, or send an [email](mailto:pelsb@state.mn.us) to pelsb@state.mn.us

A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.**

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 includes fingerprint card fee. Request a fingerprint card from PELSB and include with the complete application.
- Existing License Holders Application Fee: \$57.00 (does not require a fingerprint card).

Section 1: Applicant Information

MINNESOTA FILE FOLDER NUMBER		Enter your MN File Folder Number, if applicable.		REGISTER NUMBER (for state use only)	
Last Name		First Name		Middle Name	Previous Name
Social Security Number/ITIN (required)			Birthdate: mm/dd/yyyy		Gender (optional) <input type="radio"/> Male <input type="radio"/> Female
Contact Information:	Daytime Telephone Number		Email Address: (PELSB communications will be sent to this email address.)		
Designated Address:	Street		City		State
Home Address:	Street		City		State
Ethnicity/Race (optional)	<input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Hawaiian/ Pacific Islands <input type="radio"/> Hispanic/ Latino <input type="radio"/> White				

Section 2: Application Type

Enter the name of the LICENSURE FIELD(S) you are requesting:	
<input type="checkbox"/> CHECK HERE IF YOU ARE ADDING AN ADDITIONAL LICENSURE FIELD TO AN EXISTING MINNESOTA TIER 4 LICENSE.	
<input type="checkbox"/> CHECK HERE IF YOU ARE RENEWING AN EXISTING MINNESOTA TIER 4 LICENSE.	

Section 3: Educational Background

Use the following Degree Codes:					
0 – No Degree	1 – Associate’s Degree	2 – Bachelor’s Degree	3 – 5 th Year/Non-degree Program	4 – Master’s Degree	5 – Specialist
6 – Doctorate					
College or University	Located at (city and state)	Degree Code	Date of Degree	Degree Field	FOR STATE USE ONLY College Code

Name	File Folder Number
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Section 4: Licensure Requirements

The applicant meets the educational or professional requirements:

1. **Holds a bachelor's degree** submit official transcripts in an institution's sealed envelope; the degree must be identified on the transcript),
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2. **And the applicant has obtained passing scores on the following Minnesota Teacher Licensure Examinations (MTLE) and Basic Skills Exams OR** is applying for a licensure field that does not require testing (**School Counselor, School Nurse, School Psychologist, School Social Worker, and Speech-Language Pathologist**). Refer to the [Minnesota Teacher Licensure Testing Information](https://mn.gov/pelsb/assets/Teacher%20Licensure%20Testing%20Information_tcm1113-321360.pdf) document for specific testing information. (https://mn.gov/pelsb/assets/Teacher%20Licensure%20Testing%20Information_tcm1113-321360.pdf)
- a. Basic Skills requirements met.
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- b. Pedagogy subtest 1 and 2 passed: aligned to grade scope (if the grade level requested is K-12, the applicant can choose either the elementary OR secondary pedagogy tests, both grade levels are NOT required).
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- c. Content specific subtest 1 and 2, including subtest 3 for elementary education, passed and aligned to the licensure content area (**check here if the content area requested does not have a content test**).
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3. **And demonstrates completion of one of the following (check at least one box below):**
- a. A Minnesota-approved teacher preparation program – submit official transcript in an institution's sealed envelope with licensure program listed; complete Section 6.
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- b. A state-approved teacher preparation program outside of Minnesota that includes 12 weeks of full time field-specific student teaching (the applicant is exempt from field-specific student teaching if the candidate verifies completion of a state-approved teacher preparation program outside of Minnesota AND has two years of field-specific teaching experience; include the Verification of Teaching Experience Form to qualify for this exception) – submit official transcript with the licensure program listed; complete Sections 6 and 7.
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- c. Adding a licensure field to an existing Tier 4 license by recommendation through the [Licensure via Portfolio](https://mn.gov/pelsb/aspiring-educators/portfolio/) process (<https://mn.gov/pelsb/aspiring-educators/portfolio/>) – **must use** the PORTFOLIO application which was provided with your letter of approval.
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- d. A professional teaching license from another state, evidence that the candidate's license is in good standing, and two years of teaching experience in the requested licensure field – submit a copy of your license; complete Sections 6 and 7.
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- e. Applying for and providing evidence of meeting the requirements for one of the following related services licensure fields: **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**.
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4. **And has three years of classroom teaching experience, as the teacher of record, in a Minnesota school,**
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5. **And is not currently on an improvement plan**, based on the most recent summative evaluation (pursuant to Minnesota Statutes [122A.40](#), subdivision 8 or [122A.41](#), subdivision 5).

Section 5A: Conduct Review Statement

(required for ALL applications)

Last Name	First Name	Middle Name	Previous Name
File Folder Number		Social Security Number/ITIN (required)	
Birthdate: mm/dd/yyyy		FOR STATE USE ONLY	

You must answer all questions completely and provide all requested information. Failure to answer any of the questions in a truthful manner or failure to provide the information requested could lead to denial of any educator license. If you are completing the conduct review for a renewal of or addition to an existing Minnesota license, your answers should reflect the time period since your most previous application.

Check the appropriate boxes below. If there is any writing on this form, it cannot be scanned properly and your application will be delayed. If you are submitting additional information, you must use either the Supplemental Information Form or other sheets of paper.

Yes No 1. Have you ever been convicted of a crime?

A “crime” means conduct which is prohibited by statute and for which the actor may be sentenced to imprisonment, with or without a fine. Crimes include misdemeanors, gross misdemeanors, and felonies. DWIs and DUIs are included in this definition and must be disclosed. Do NOT include petty misdemeanors in your disclosures as these are not crimes.

The term “conviction” includes a finding of guilt by a jury or judge, an admission of guilt or a plea of guilty, an Alford plea (a plea without admission of guilt), a plea of “no contest,” and/or charges that have resulted in a stay of imposition of sentence. If your criminal conviction has been expunged by a court order, you do NOT need to disclose the conviction; however, you may first wish to verify if your conviction is subject to full expungement versus a court records expungement (“inherent authority expungement”). Inherent authority expungement orders do not prohibit convictions from showing up on a background check. Convictions subject to an inherent authority expungement need to be disclosed.

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes No 2. Have you ever been referred to a pre-trial diversion program after being arrested?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes No 3. Have you ever been acquitted, found not guilty, or given a stay of adjudication of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

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- Yes No 4. Are any criminal charges currently pending against you in Minnesota or any other state (this includes a pending stay of adjudication)?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
-
- Yes No 5. Have you ever been the subject of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must attach materials explaining the type of protective order, the date action was taken, the final order document, the court file number, and the court/county involved.
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- Yes No 6. Have you ever been found in violation of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
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- Yes No 7. Have you ever been the subject of a maltreatment finding or disqualification by the Minnesota Department of Education, the Minnesota Department of Human Services, a county human services office or similar agency in Minnesota or another state?
- If you answered "yes," you must attach materials explaining the type of action, the date action was taken, the final order document, and the agency involved.
-
- Yes No 8. Have you ever had an education or other occupational license revoked, suspended, denied, subject to a stayed suspension/probation, or received a formal reprimand in Minnesota or any other state?
- If you answered "yes," you must attach material explaining the type of license, the date action was taken, the final decision document, and the agency involved.
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- Yes No 9. Have you ever voluntarily surrendered or terminated an education or other occupational license because of misconduct?
- If you answered "yes," you must attach material explaining the basis for the surrender/termination, type of license, location, date of surrender/termination, and agency involved.
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- Yes No 10. Is disciplinary action/a misconduct investigation against your teaching, administrative, or other occupational license currently pending in Minnesota or another state?
- If you answered "yes," you must attach material explaining the action or charges, location, date, status of investigation and board/employer involved.
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Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

- Yes No 11. Have you ever been terminated, suspended, resigned from or otherwise left an employment position after allegations of misconduct were made against you or when an investigation into those allegations was pending?

If you answered "yes," you must attach material explaining the action or charges, location, date, and employer involved.

- Yes No 12. Have you or a school district in which you were employed ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation that involved **YOUR** sexual conduct?

If you answered "yes," you must attach material explaining the situation including the date and location of the school district.

WARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS IN A TRUTHFUL MANNER OR FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD LEAD TO DENIAL OR DISCIPLINARY ACTION BEING TAKEN AGAINST ANY EDUCATOR LICENSE.

Certification of Information

I certify the foregoing information is true and correct. I hereby authorize any listed courts and law enforcement agencies identified in this application to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board (PELSB).

Signature of Applicant	Date
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Section 5B: Supplemental Information Form
 (required only if you answered "YES" to questions 1, 2, 3, 4 or 6)

Please photocopy and complete a separate form for each conviction or outstanding charge.

1. Convicted or currently charged with:

2. Level of offense (check one): Felony Gross Misdemeanor Misdemeanor

3. Date of offense:

4. Name of arresting agency (police, county sheriff, etc.):

5. Court jurisdiction (i.e., Hennepin County District Court, Minneapolis, Minnesota):

6. Plea and conditions of probation, if any:

7. Date of release from probation:

8. If still on probation, name and telephone number of probation officer:

9. Details of incident:

Verification/Authorization of Information

I verify the foregoing information is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board.

File Folder Number	Printed Name	Date of Birth
Signature of Applicant		Date

Name	File Folder Number
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Section 6: Verification of Completion of a State-Approved Licensure Program

This section is to be completed by the state-approved licensure program certification officer.

The state-approved teacher preparation program is from OUTSIDE of Minnesota AND is (check all that apply): <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program	The state-approved teacher preparation program is: <input type="radio"/> a Minnesota state-approved program
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Student Teaching/Practicum/Internship				
<i>For special education</i> , include the ages/grade levels AND specific disability categories (with the severity levels: mild, moderate, severe, and/or profound) of students served in each placement. License issuance may be delayed without this information.				
School/Organization	Licensure Field(s)	Grade Level(s) Taught	Dates	
			Start	End

Licensure Program Completed		
<i>For special education licenses, please identify the specific disability category.</i>		
Subject/Licensure Field	Grade Levels	Date Preparation Program Completed

Print Name of Certification Officer or Registrar		Title	
Email Address for Certification Officer or Registrar		Telephone Number for Certification Officer or Registrar	
Name of Institution		Location (city, state, ZIP code)	
Signature of Certification Officer or Registrar			Date

Name	File Folder Number
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Section 7: Verification of Teaching Experience

If you are using teaching experience in the content area requested to qualify for a Tier 2, this section must be completed by an authorized official.

Teaching Experience						
District/School Name	Location (city, state)	Dates of Employment		Percentage Fulltime	Specific Subject(s) Taught	Grade Level Taught
		Start	End			

I confirm this information is correct.

Name of District or Charter School		Six-Digit District Number (XXXX-XX) (only required for Minnesota schools)	
Mailing Address (city, state, ZIP code)			
Printed Name of Authorized Official		Email Address	
Signature of Authorized Official		Date	Ten-Digit Telephone Number

Name	File Folder Number
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Section 8: Verification of Teaching Experience for Initial Administrative Licensure

Verification, by an authorized official, of three years of successful classroom teaching experience in the field which the applicant held a valid license to practice is required for an initial Superintendent, Principal, and Director of Special Education license.

For an initial Local Vocational Director, verification of three years of experience in vocational/career and technical education in Minnesota while holding the appropriate license is required. Two of the three years must have been in teaching or work experience coordination. One of the three years may have been earned as a licensed Local Vocational Program Supervisor, or earned while holding a variance as a Local Vocational Program Director.

Do not include student teaching, practicum experiences, or experiences gained while not properly state authorized/licensed for the position. Do not include leaves of absence.

Teaching Experience						
District/School Name	Location (city, state)	Dates of Employment		Percentage Fulltime	Specific Subject(s) Taught	Grade Level Taught
		Start	End			

I confirm this information is correct.

Name of District or Charter School		Six-Digit District Number (XXXX-XX) (only required for Minnesota schools)	
Mailing Address (city, state, ZIP code)			
Printed Name of Authorized Official		Email Address	
Signature of Authorized Official		Date	Ten-Digit Telephone Number