

Office of Educator Certification

Active Duty Military Extension

Type all information or use blue or black ink.

Part 1 – Applicant Information		
Last 4 digits of SSN:	Telephone Number:	
Last Name:	First Name:	Maiden/Previous Last Name:
Email Address:		
ARSD 24:28:17:08. Certificate extens	rm to certification@state.sd.us ion for active military duty. A cricate re-issued with extended d	ertified educator called to active duty while the ates with no additional fees. A copy of military quired to obtain the extension.
	Active Duty Period Inform	ation
Start Date	End Date	
I am applying for an extension for active orders verifying the start and end date Applicant Signature:		D 24:28:17:08. I will submit a copy of my military e SD Department of Education. Date: