

Office of Educator Certification

Certificate Correction Request

PRINT ALL INFORMATION IN BLUE OR BLACK INK!

Part 1 – Applicant Information

Last 4 digits of SSN		-	
Last Name		First Name, MI	
Maiden/Previous Last Name(s)			
Telephone Number		Email Address	
Street Address			
City		State	Zip

Part 2 – Request for correction.

Upload or Email completed form to certification@state.sd.us

According to **ARSD 24:28:05:06**, a corrected certificate shall be issued without charge if a certificate holder notifies the Department of a typographical or clerical error on the certificate within 30 days of the date of issuance. If request is received after 30 days a duplicate certificate shall be issued upon receipt of the required fee according to §24:28:05:01(4).

- Misspelling of my name: _____
- Error of expiration date: _____
- Error of type of certificate issued: _____
- Omission of endorsement requested: _____
- Misidentification of endorsement requested: _____

Signature of Applicant	Date
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Email: certification@state.sd.us

Mailing Address: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501