

REQUEST FORM FOR LETTER OF ELIGIBILITY

Please complete this form and submit to the IUPUI School of Education. Be sure to include student ID #.

I _____ (student name)/ _____ (University ID #)
request that a letter of eligibility be written to confirm that my license application has been recommended to the State of Indiana. I understand that the letter cannot be written until my license application is correct, complete and that all documentation has been reviewed. I request that the letter be mailed or faxed to the following location, either my home address or to a school district official.

_____ (to the attention of)

_____ (address)

_____ (city,state,zip code) OR

_____ (fax no.)

I understand that this letter will serve as confirmation of the recommendation of my license application to the State of Indiana for my new license.

_____ (signature)

_____ (printed name)

_____ (home address)

_____ (city/state/zip)

_____ (telephone)

_____ (date)

Print and Fax or Mail to: IUPUI School of Education
Licensing Advisor
902 W. New York Street
Indianapolis, IN 46202

fax: (317) 274-6864