



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001

REQUEST FOR VOLUNTARY REMOVAL OF ENDORSEMENTS

EDUCATOR EFFECTIVENESS DEPARTMENT

I understand that I may voluntarily surrender an endorsement only between January 1 and May 1 of a calendar year, and the endorsement will be removed no later than July 1 of the same calendar year. I may not request removal of any endorsement from a Professional Educator License or an Educator License with Stipulations if I am subject to an ongoing investigation conducted by the State Board of Education or there is other evidence or allegations of misconduct. I may not request the removal of the same endorsement from my Professional Educator License or Educator License with Stipulations more than once every 10 years.

DIRECTIONS: Return this completed form to Illinois State Board of Education at the address above. All requests must be postmarked between January 1 and May 1. There is no cost for the surrender of an endorsement.

COMPLETE ALL SECTIONS OF THIS FORM. You may find information about your license on the "Credentials" page when you login to your Educator Licensure Information System (ELIS) account.

NAME OF APPLICANT (As recorded in your ELIS file)	IEIN
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	E-MAIL

TYPE OF LICENSE <input type="checkbox"/> Professional Educator License <input type="checkbox"/> Educator License with Stipulations	LICENSE ID NUMBER
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ENDORSEMENT(S) TO BE REMOVED

DESCRIPTION	GRADE	ISSUE DATE
1.		
2.		
3.		
4.		

I certify that the information above is true and accurate to the best of my knowledge and that I am exercising my right to have the endorsement(s) listed above removed from my educator license. I understand that I may reapply for a removed endorsement by paying the required fee provided that (1) at least 10 years has passed since the endorsement was removed; (2) I have passed all tests required for the endorsement at the time of application; and (3) I meet all other requirements in effect for the endorsement at the time I make application.

_____ Date

_____ Original Signature of Licensee