ILLINOIS STATE BOARD OF EDUCATION
100 North First Street, E-240
Springfield, Illinois 62777-0001

73-76

REQUEST FOR VOLUNTARY REMOVAL OF ENDORSEMENTS AND APPROVALS

EDUCATOR EFFECTIVENESS DEPARTMENT

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

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

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)
	EMAIL

TYPE OF LICENSE	LICENSE ID NUMBER (if applicable)
☐ Professional Educator License ☐ Approval ☐ Educator License with Stipulations	

ENDORSEMENT(S) OR APPROVAL(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) or approval(s) listed above removed from my educator license. I understand that I may reapply for an endorsement or approval that has been removed by paying the required fee, provided that (1) at least 10 years have passed since the endorsement or approval was removed, (2) I have passed all tests required for the endorsement or approval at the time of application, and (3) I meet all other requirements in effect for the endorsement or approval at the time I make application.

_____ *Date*

_____ ***Digital or Original** Signature of Licensee*

Print Reset Form