



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001



HIGH SCHOOL DIPLOMA VERIFICATION

EDUCATOR EFFECTIVENESS DEPARTMENT

Illinois requires proof of a high school diploma for certain credentials. In the case where a copy of the high school diploma is not available, this form will serve as verification of a high school diploma.

INSTRUCTIONS: Complete the form and send to licensureforms@isbe.net.

NAME (Last, First, Middle, Maiden)		IEIN	BIRTHDATE (mm/dd/yyyy)
HOME ADDRESS (Street, City, State, ZIP Code)		EMAIL	TELEPHONE (Include Area Code)
GRADUATION DATE	HIGH SCHOOL NAME (if applicable)	HIGH SCHOOL ADDRESS (if applicable)	

I attest I was prepared in the following areas as part of my high school education. (Check all that apply)

- Mathematical Reasoning
- Reasoning through Language Arts
- Social Studies
- Science

I certify that the information above is true and accurate to the best of my knowledge. I understand that the Illinois State Board of Education has the right to request additional information as necessary and that any material misrepresentations made on this form may result in the license being rescinded.

_____ *Digital or Original Signature of Applicant*

_____ *Date*