



This form is available at: <https://dpi.wi.gov/licensing/apply-educator-license/supplementary-forms>

**Instructions for the Applicant:** You must submit this form to your employing school district so they may complete the request section below. After the completed form has been returned to you, scan the document and upload when applying for your Special Education Program Aide License in the ELO (Educator Licensing Online) system.

**Instructions for the Employer:** Complete the request and return the completed form to the applicant. If the employer is an independent charter or private school, the district administrator is the employing administrator or director.

	<b>APPLICANT INFORMATION</b>	
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Legal Name *Last, First, Middle*

Other / Previous Names

	<b>SCHOOL INFORMATION</b>	
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School District

Requested Start Date

July 1, \_\_\_\_

Print Name of District Administrator or Authorized Designee <i>First and Last Name</i>	Email Address of District Administrator or Authorized Designee
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	<b>SIGNATURE</b>	
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**I, THE DISTRICT ADMINISTRATOR or Authorized Designee,** request that the Department of Public Instruction issue a Special Education Program Aide license to the above-named applicant.

Signature of District Administrator or Authorized Designee  ➤	Date Signed <i>Mo./Day/Yr.</i>
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