



This form is available at: <http://tepd.dpi.wi.gov/licensing/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.

APPLICANT INFORMATION	
Legal Name <i>Last, First, Middle</i>	Social Security Number* <i>Last 4 Digits Only</i>

Other / Previous Names

ADMINISTRATOR INFORMATION

School District

Requested Start Date

July 1, ____

Name of Administrator *First and Last Name*

SIGNATURE

I, THE EMPLOYING ADMINISTRATOR, request that the Department of Public Instruction issue a Special Education Program Aide license to the above-named applicant.

Signature of Employing Administrator



Date Signed *Mo./Day/Yr.*

*Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.