



GEORGIA PROFESSIONAL STANDARDS COMMISSION

Educator Preparation Division, Title II, Part A
200 Piedmont Avenue, Suite 1702
Atlanta, Georgia 30334-9032
Fax: 404-232-2662

REQUEST/RELEASE FOR VERIFICATION OF HIGHLY QUALIFIED STATUS

**MAIL OR FAX COMPLETED & SIGNED REQUEST/RELEASE FORM TO THE ADDRESS OR FAX NUMBER ABOVE.
REQUEST/RELEASE FORM AND VERIFICATION LETTERS/FORMS CANNOT BE EMAILED.**

SEE WEBSITE FOR MORE INFORMATION AND INSTRUCTIONS

WWW.GAPSC.COM/EDUCATORPREPARATION/ASSESSMENT/TESTSCOREREQUEST.ASP

The Georgia Professional Standards Commission (GaPSC) requires that this form be completed and submitted with original signature for the release of Highly Qualified verification. If you are applying to a state that requires this information on their form, you must submit both this Georgia request and that state's form.

The GaPSC can provide either a Highly Qualified Verification letter or complete a verification form from another state. **Letters will be sent only to the requestor** in the manner indicated below. State forms will be completed and sent **per the instructions on that state's form**. The GaPSC does not charge for the retrieval, validation, or mailing of the Highly Qualified verification. It may take 10-15 working days from receipt of the request until the documents leave our office.

**REQUIRED FIELDS
REQUEST CANNOT BE PROCESSED WITH BLANKS**

NAME (current): _____ DATE: _____
NAME AS IT APPEARS ON CERTIFICATE (if different): _____
ADDRESS 1: _____ ADDRESS 2: _____
CITY: _____ STATE: _____ ZIP: _____
CERTIFICATION ID NUMBER^{1,2}: _____ SOCIAL SECURITY NUMBER¹: _____
EMAIL (for contact purposes only): _____ DAYTIME PHONE: _____

SEND TO³: **LETTERS WILL BE SENT ONLY TO THE REQUESTOR, STATE FORMS PER THE INSTRUCTIONS ON THAT FORM.**

ADDRESS ABOVE FAX NUMBER: _____
 ALTERNATE ADDRESS: STREET: _____
CITY, STATE, ZIP: _____
 See attached form from the state of _____

I understand that the responsibility for obtaining these documents and the information contained therein remains with me, the requestor. I also understand that the GaPSC will use due diligence to safeguard my personal information. I agree that the GaPSC is not responsible for this information outside of its offices when delivered in the manner indicated above. I understand the GaPSC will not, under any circumstances, email verification letters or forms.

By signing below, I release the State of Georgia, the GaPSC, its staff, and Commissioners from any and all liability, direct or indirect, related to this form, the information contained herein, the method of delivery or the contents of the Highly Qualified verification.

Signature

Date

¹ Required to verify identify and to access restricted information; cannot be processed if blank
² Certification numbers and be looked up at www.gapsc.com/Certification/Lookup
³ Requestor assumes responsibility for security of requested information, faxed or mailed