

Georgia PSC Voluntary Certificate Field Deletion Form
200 Piedmont Avenue SE, Suite 1712, Atlanta, GA 30334-9032

Please Use Black Ink or Type

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1. Please use ALL CAPS and print your name as you wish it to appear on your certificate

Title		Last name																								
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms																									
First name													Middle or Maiden Name													
Social Security Number or Certificate ID Number													Date of Birth (MM/DD/YY)													
Mailing Address																										
City													State			Zip Code										
Home Telephone							Work Telephone																			

2. Employment Information: Must Be Completed.

I am currently employed in the following Georgia **public** school system (write N/A if not employed): _____

I am currently employed in the following Georgia **private** school system (write N/A if not employed): _____

3. Voluntary Field Deletion Request:

I am requesting the deletion of the following field(s) from my current Georgia certificate: _____

Reason for deletion request: _____

4. Acceptance of PSC Voluntary Deletion Policy:

By submitting this form, I am requesting the deletion of the field(s) listed above and verify that the information listed below is true.

- I understand that the request for the deletion of the broad field certificate in Science may not be made for individual subjects incorporated into those base certificates. The request will result in deletion of the entire broad field.
- I understand that I may not request the deletion of any one portion of the Early Childhood Special Education General Curriculum P-5 Certificate.
- I understand deletion of a field also results in permanent deletion of the content assessment associated with the field.
- I understand that should I apply to restore the certificate fields that I have voluntarily deleted, the following must be satisfied prior to being eligible to do so:
 - (a) The appropriate content assessment(s) must be passed **AFTER** the date on which the voluntary deletion was approved.
 - (b) All special Georgia requirements at the time of application to restore the above field(s) must have been completed.
- I understand that my employing Georgia school system will automatically receive an electronic copy of the new certificate.
- I understand that if the field for which the deletion is requested was originally added based on an in-field or new field upgrade, the level associated with the field being deleted will be rescinded.
- I understand that this form can only be submitted between October 1st and the last day of the following February. The deletion of the above field(s) will become effective on the following July 1st.**

Signature: _____ Date: _____