APPLICATION FOR EVALUATION BY A REGIONAL ALTERNATIVE LICENSING CENTER (RALC) FOR CURRENTLY EMPLOYED TEACHERS

Type or print the following information.

last name	first name	middle name	maiden

street address	city	state	zip code

social security number	LEA in which you are employed	School at which you are employed

My Current License Is: ☐ Emergency Permit ☐ Lateral Entry ☐ Provisional

Teaching Assignment: _____

License Area for which you are applying: _____

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STATEMENT OF APPLICANT

In order for this office to correspond with your employer and DPI about your licensure program your permission is needed. Please read and sign the statements below.

I, the undersigned, hereby authorize the RALC to release licensure program information to my employer and DPI.

I certify that the information provided in this application is correct and true. I understand that the falsification of any statement or document will result in the revocation of my North Carolina license.

Signature of Applicant: _____ Date: _____

Applicant E-mail: _____

Please indicate the regional office to which you are applying: (Please check appropriate region.)

☐ Charlotte-Mecklenburg RALC ☐ Cumberland County RALC ☐ Nash-Rocky Mount RALC