

Drop an Endorsement Form

Please complete this form if you wish to drop an endorsement. Endorsements will not be dropped without the signature of the educator, and the L/RSB chair if applicable.

Social Security Number _____ Date of Request _____

Name _____

I hereby instruct the Office of Educator Licensing to drop the following endorsement(s) from my Vermont educator's license. I understand that I will be required to comply with licensing regulations if I wish to reinstate a dropped (or lapsed) endorsement.

Drop this Level I endorsement(s)

Drop this Level II endorsement(s)

Educator's Signature

Date

** L/RSB Chair's signature

Date

** This signature is required for those renewing through a Local or Regional Standards Board. The L/RSB signature is not required if you are renewing through the Department of Education Licensing Office.



DEPARTMENT OF EDUCATION

Vermont Department of Education
Office of Licensing and Professional Standards
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Montpelier, VT 05620-2501
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