



Diocese of Steubenville

Form E

Request for Signature-Approval (For all Educator Licensure Renewal, Certification)

Applicant's Name:		Submission Date:	
Name of School:			
School address (city/town only):			
Applicant's title/position in the school:			
Briefly describe applicant's area(s) of responsibility:			
Type of Licensure/Certification/Permit			
Select one: <input type="checkbox"/> 5 year Professional <input type="checkbox"/> Chartered Non-Tax Certificate <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Substitute			
ODE Educator I.D.# (ex: OH1234567):			
Select one: <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal		E-Signature Requested: <input type="checkbox"/> LPDC* (IRN# 008479) <input type="checkbox"/> Steubenville Diocese (IRN# 052548)	
<small>*For Professional licensure only</small>			
For Non-Tax applications only, please offer a brief rationale/explanation for the use of this Non-Tax application in your building. The use of a Non-Tax Certificate and all Non-Tax hires are subject to diocesan approval PRIOR to offering a teaching contract:			
Principal's Signature _____		Date _____	
<small>Note: Your signature provides verification that the above named applicant is currently employed for the position indicated above.</small>			
OCFS Approval _____		Date of E-Signature _____	