



**Alabama State Department of Education  
Educator Certification Section**

5215 Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101

Telephone: (334) 694-4557

**Voluntary Request to Withdraw a Current Application for an Alabama Teacher’s Certificate, License, or Permit**

All sections of this form must be completed. The completed form must be mailed to the Educator Certification Section at the address on the top of this form. No fee is required to accompany this form. **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

**I. PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):**

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
( <input style="width:80%;" type="text"/> )	( <input style="width:80%;" type="text"/> )	( <input style="width:80%;" type="text"/> )	<input style="width:95%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>				

**II. VOLUNTARY REQUEST TO WITHDRAW A CURRENT APPLICATION:**

I have a current, active application(s) for a license/certificate/permit on file with the Educator Certification Section. I am voluntarily requesting to withdraw my current, active application(s). I also request that, as of the date this Form WDA is received in the Educator Certification Section of the Alabama State Department of Education, the Educator Certification Section cease processing of my application(s) for all Alabama license(s), certificate(s) and endorsement(s), and/or permit(s) for which my current, active application(s) may be considered and void all of my application(s) for a license/certificate/permit. In making this voluntary request to withdraw and void all of my current, active application(s) for a license/certificate/permit, I understand that:

- I am voluntarily electing to withdraw and void my current, active application(s) and I cannot reinstate the voided application(s).
- If I have received a letter from the Educator Certification Section setting out additional requirements I must meet for issuance of a license(s), certificate(s) and endorsement(s), and/or permit(s) said letter will be void and I cannot reinstate the letter.
- If I choose to reapply at a future time, I will be required to comply with *all* certification requirements that are in effect on the date my application is received in the Educator Certification Section.
- If I choose to reapply at a future time, I will be responsible for submitting official verification to the Educator Certification Section that I meet *all* certification requirements of the approach(es) through which I will be applying that are in effect on the date my application is received in the Educator Certification Section. I understand that certification requirements of the various approaches to Alabama certification, which may include requirements of the Alabama Educator Certification Assessment Program.
- If I choose to reapply at a future time, I will be required to submit a nonrefundable application fee of the amount in effect on the date my application is received in the Educator Certification Section.
- I understand that I cannot withdraw my application(s) to avoid having adverse action taken against me.

I have fully read and understand the contents of this Form WDA Voluntary Request to Withdraw a Current Application for an Alabama Teacher’s Certificate, License, or Permit. I accept and agree to abide by its terms.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant