



Alabama State Department of Education
Educator Certification Section

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CERTIFICATION PORTAL AUTHORIZED USER FORM

Dean: _____

College: _____

Please designate the individual(s) who will be your authorized representative(s) for use of the Alabama State Department of Education’s Certification Search Portal.

*Please print legibly as this information must be entered into the system so your authorized representatives can access the portal.

ADD THESE INDIVIDUALS:

<u>Employee Name</u>	<u>Employee Title</u>	<u>Employee Email Address</u>	<u>Employee Telephone #</u>

DELETE THESE INDIVIDUALS:

<u>Employee Name</u>	<u>Employee Title</u>	<u>Employee Email Address</u>	<u>Employee Telephone #</u>

By designating these individuals as authorized representatives, I acknowledge that my authorized representatives are expected to follow the rules for using the Alabama State Department of Education’s Certification Search Portal and treat all information with the utmost confidentiality.

Signature: _____

Date: _____

Please return the form to the address or email listed above.