

Office of Educator Certification

PRINT ALL INFORMATION IN BLUE OR BLACK INK!

## Hardship Modification Request

### Part 1 – Applicant Information

Last 4 digits of SSN		-	
Last Name	First Name, MI	Maiden/Previous Last Name	
Telephone Number	Email Address		

### Part 2 – Hardship Information

Upload or Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

Describe the hardship that has prevented you from meeting the requirements for renewal:

What renewal requirements have you completed? (Please submit documentation for verification.)

I understand that I am applying for a one year hardship modification, according to ARSD 24:28:03:05, to extend the expiration date of my current certificate. I will submit evidence that I have made a good faith effort to meet the renewal requirements.

Signature of Applicant	Date
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Email: [certification@state.sd.us](mailto:certification@state.sd.us)

Mailing Address: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501