

Military Service Fee Waiver Request Form

The Ohio Department of Education is waiving fees for educator licenses and evaluations to recognize the contributions of military families. **Please complete this form and submit required verification of military service with your alternative or supplemental evaluation application to request the military fee waiver for the evaluation fee.**

Check the appropriate box below:

If you are a veteran of any branch of the U.S. Armed Forces, submit a copy of your DD Form 214 or NGB-22 reflecting your Character of Service (must be Honorable) OR the front and back of your DD Form 2.

If you are a current member of the U.S. Armed Forces, Reserves, or National Guard, submit a copy of the front of your current military ID card.

If you are a current member of the Ohio Military Reserve or Ohio Naval Militia, submit a copy of your current State of Ohio Uniformed Services ID card.

If you are a spouse of an active-duty member, submit a copy of the front and back of your DD Form 1173 reflecting active duty (AD) sponsor service/status.

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|---------------------------|------------|------|--------|
| Educator State ID or SSN: | Birthdate: | Male | Female |
| First Name: | Last Name: | | |
| Street Address: | | | |
| City, State, Zip Code: | | | |
| Primary Phone: | Email: | | |

Indicate the license type for which you are requesting an evaluation. You must submit a completed evaluation application for each license type you select.

Alternative Administrative Specialist License

Alternative Principal License

Alternative Resident Educator License

Alternative Superintendent License

Correction Evaluation - Alternative Resident Educator, Administrative Specialist, Principal or Superintendent License (You must hold an Alternative Ohio Resident Educator or Administrator license to request this evaluation.)

Supplemental Teaching License/Endorsement (You must hold both an active, standard Ohio teaching license and a Supplemental teaching license or endorsement to request this evaluation.)

Signature of Applicant:

Date: