

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 415 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED - SHR

APPLICANT: *Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION/COMPLETION ____ / ____ / ____ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

Date

Signature of Applicant

SCHOOL OFFICIAL: *Complete the bottom portion of this page, then return the completed form to the applicant.*

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
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I hereby certify that the above-named applicant for the Certified Shorthand Reporter Examination has attained the ability to make a verbatim record on unfamiliar testimony material dictated for a 5 minute period at a minimum speed of 225 words per minute with at least 94% accuracy.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, ____.

Date of Expiration

Signature of Notary Public

RETURN THIS FORM TO APPLICANT