



Karen B. Salmon, Ph.D.
State Superintendent of Schools

Existing Certificate Request Form

Please complete all items below to assist in completing your request. If you have a portal account, please log on to access a copy of your certificate. **Requests received from educators who have access to the portal will not be processed.** This fillable form can be mailed, faxed or emailed. Incomplete requests will not be processed.

All educator certificates will be emailed to the educator in a PDF format within 5 business days.

Name (as it appears on your certificate): _____

Birth Date: _____

Last Four Digits of Social Security Number: _____

Current Address: _____

Daytime telephone number complete with area code: _____

Email address: _____

I hereby authorize the office of Certification Branch to email my certificate.

Signature: _____

Date: _____

Fax: (410) 333-8963

Email: certdocuments.msde@maryland.gov

U.S. Mail:

Maryland State Department of Education
Attention: Certification Branch
200 West Baltimore Street, 6th Floor
Baltimore, MD 21201