WASHINGTON STATE LIBRARY

PO BOX 42460 • OLYMPIA, WA 98504-2460

APPLICATION FOR LIBRARIAN'S CERTIFICATE

Please type or print clearly

| Name of Library School/Division: Address: Name of Degree Obtained: Your name at the time MLS Degree was awarded: Name you want printed on your certificate: certify that the above information is true and complete to the best of my knowledge and hereby give permission to release information about my academic record to the Washington State Library for purposes of degree verification. | NAME | | | | |
|---|----------------------------|---------------------|-----------------------------|--------------|------------------------------|
| Street City State Zip Code PHONE NUMBER () EMAIL ADDRESS BIRTH DATE PLACE OF BIRTH Do you currently have a degree from an American Library Association (ALA) accredited or recognized Master's program in Library and Information Studies? No Yes Date Awarded Name of Institution that Awarded MLS Degree: Name of Library School/Division: Address: Name of Degree Obtained: Your name at the time MLS Degree was awarded: Name you want printed on your certificate: certify that the above information is true and complete to the best of my knowledge and hereby give permission to release information about my academic record to the Washington State Library for purposes of degree verification. | Last Name | | First Name | | Middle Name |
| City State Zip Code PHONE NUMBER () EMAIL ADDRESS BIRTH DATE PLACE OF BIRTH Do you currently have a degree from an American Library Association (ALA) accredited or recognized Master's program in Library and Information Studies? No Yes Date Awarded Name of Institution that Awarded MLS Degree: Name of Library School/Division: Address: Name of Degree Obtained: Your name at the time MLS Degree was awarded: Name you want printed on your certificate: certify that the above information is true and complete to the best of my knowledge and hereby give permission to release information about my academic record to the Washington State Library for purposes of degree verification. | MAILING ADDRESS | 2 | | | |
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| Signature Date | | | | | |
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| | Signature | | | Date | |
| | | | and a \$20 check made payab | | · · |

Please mail your completed application form and a \$20 check made payable to the Washington State Library to:

Attn: Librarian Certification Program • Washington State Library • PO Box 42460 • Olympia, WA 98504-2460
In addition, official transcripts issued directly from the institution must be sent to the above address for degree verification.

| For Department Use Only - Do Not Write Below This Line | | | | |
|--|---------------------|--|--|--|
| Date Received | Certification No. | | | |
| Remittance Rcvd | Date Issued | | | |
| Degree Verification | Authorized Initials | | | |