

SCHOOL DISTRICT PERMIT REQUEST

Name of School District _____

Employee Name _____ SSN XXX-XX-_____

Subject Area(s) _____

Permit Issue Date (mm/dd/yyyy) _____

Please check one box (required):

- ☐ General Education Limited Assignment Permit (GELAP)
- ☐ Special Education Limited Assignment Permit (SELAP)
- ☐ Emergency Crosscultural, Language, and Academic Development (CLAD) Permit
- ☐ Emergency Teacher Librarian Services Permit
- ☐ Short-Term Staff Permit
- ☐ Provisional Internship Permit
- ☐ Other _____

Please check one box (required):

- ☐ I certify under penalty of perjury, under the laws of the State of California, that a criminal record summary had been obtained from the California Department of Justice on the above named applicant, and that this person has not been convicted of a violent or serious felony as enumerated in Education Code sections 44424 and 44346.1 and defined in Penal Code sections 667.5(c), 1192.7(c) and 1192.8.
- ☐ I certify under penalty of perjury, under the laws of the State of California, that the above named applicant has been currently and continuously employed by the school district named above and is serving under a valid credential as per Education Code 44332.6. (a) (1-2).

This form must be emailed to Credentials Department by designee.

Superintendent/Designee or Authorized Agent Print Name Date

Note to Employer: Please make sure that the Declaration of Need is on file with the Fresno County Superintendent of Schools for the school year.