

Release of Information

Name: _____

Current Mailing Address: _____

Telephone Number: _____ Date of Birth _____

License # _____ OR Social Security Number: _____

Information you are requesting: _____

Name and Address where information is to be mailed: _____

Please sign at the X below to give the West Virginia Department of Education permission to release the requested information to the individual/institution listed above.

X _____

The \$5.00 processing fee must be paid online at <https://wveis.k12.wv.us/certpayment/>

After online payment of the \$5.00 fee, send the release form **and** a copy of an **official government issued Photo ID** to the below mailing address, email address** or fax number.

If the \$5.00 fee and photo ID are not submitted, your request will be denied.

Mail Forms to:

West Virginia Department of Education
Office of Certification
Building 6, Room 700
1900 Kanawha Boulevard, East
Charleston, WV 25305

Email** to:

certification.wvde@k12.wv.us
Fax Number: 304-558-7843
Phone Number: 304-558-7010

***The West Virginia Department of Education (WVDE) does not include social security numbers in email communications. If you select to submit this information via email, please note the WVDE is not responsible for the security of such email transmission as information could be intercepted/breached as a result of your network or email provider settings and/or protocols.*