Hawai`i Teacher Standards Board
650 Iwilei Road, Suite 268
Honolulu, HI 96817
Attention: Licensing Section

Email: htsb@hawaii.gov
Phone: (808) 586-2600
Fax: (808) 586-2606

APPLICATION FOR VOLUNTARY REMOVAL OF HAWAII TEACHING LICENSE FIELD

GENERAL INFORMATION & INSTRUCTIONS

SECTION 1: All questions must be answered.
SECTION 2: Check all items that apply to your request.
SECTION 3: You must sign and date your form for it to be accepted.

SECTION 1: PERSONAL INFORMATION All questions must be answered.

Upload your form to your Documents tab in your HTSB online record.

Social Security Number _____-_____-_____ Date of Birth _____ / ____ / ____
MM DD YYYY

Print name in CAPITAL LETTERS.

_____ _____ _____
(LAST NAME) (FIRST NAME) (M)

Phone _____ E-mail Address_____

SECTION 2. REQUEST TO REMOVE LICENSE FIELD

You must initial this box for your form to be processed.

_____ I voluntarily request that the following fields be removed from my HTSB license:

List the fields you wish to remove:

_____

_____

_____

You must initial this box for your form to be processed.

_____I am voluntarily requesting removal of the above fields on my license. I understand that if I wish to add these fields back to my license in the future that I must meet all requirements in effect at that time to add the field(s).

SECTION 3: STATEMENT OF AFFIRMATION

I certify that the statements contained in this form are true and correct.

SIGNATURE OF LICENSEE_____DATE_____