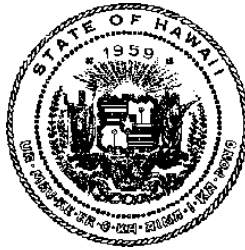


Hawai'i Teacher Standards Board  
650 Iwilei Road, Suite 268 Honolulu,  
HI 96817



www.hawaiiteacherstandardsboard.org  
Email: htsb@hawaii.gov  
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## HTSB FORMAL NOTARY REQUEST FORM

The Hawaii Teacher Standards Board (HTSB) may authenticate and notarize your Hawaii license by following the procedures below. This request may take a minimum of six weeks to process. Please plan accordingly.

### SECTION 1: DIRECTIONS

1. To initiate this process please complete the following steps:

- Upload this completed request form to the Documents tab of your HTSB account **and**
- Provide HTSB with a pre-paid, return self-addressed envelope for us to mail documents back to you once completed.

#### **The Following Steps to be Completed by Requester:**

2. The requester will need to coordinate an appointment between an HTSB Licensing Specialist and a notary public to witness the HTSB staff sign and date the requested verification of your active teaching license.

- The following documents will be mailed to you using the return self-addressed envelope you provided:
  - A notarized verification letter **and**
  - A copy of your Hawaii Teacher License.

#### **If an Apostille is Needed:**

3. Once you have received the documents from HTSB, they will need to be authenticated at the First Circuit Court, Oahu. A court clerk will authenticate the notary. Please contact [First Circuit Court](#), Legal Documents Branch at (808) 539-4303 for their current procedure.

4. Once the verification documents have been authenticated by the First Circuit Court clerk, the requester will mail them to the Office of The Lt. Governor for apostille with [an application](#). Please contact the [Office of The Lt. Governor](#) for detailed information and requirements (including cost).

### SECTION 2: PERSONAL INFORMATION (REQUIRED TO IDENTIFY YOUR RECORD)

HTSB Profile ID: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last 4 digits of Social Security Number XXX-XX-\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_