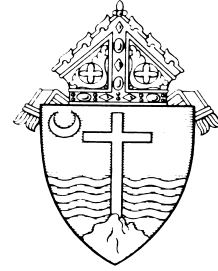


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DIOCESAN TEACHER RECORD

Last Name: _____ Date: _____
First Name: _____ Middle Initial: _____
Title: (Mr./Mrs./Ms./Sr.) _____
Home Address: _____
City: _____ Zip: _____ Phone: (____) _____ Cell: (____) _____
E-Mail Address: _____

IL Certification Type: _____ Number: _____
Certification Other State: _____ Type: _____
Highest Degree Earned: _____ Year Earned: _____
Major: _____ Minor: _____
Certification Level: _____
Catechist Certification from Other Diocese: _____

School Currently
Employed: _____ City: _____
Hire Date: _____ Full-Time Part-Time Total Years Experience: _____
Illinois State Conviction Information Request-Document Control No.: _____

Please attach current photograph: