

# CLARION UNIVERSITY OF PENNSYLVANIA

## School of Education Act 48 Information Form

Student Name: \_\_\_\_\_  
(First) (Middle I) (Last)

Student Address: \_\_\_\_\_  
(P.O. Box) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Student PPID#: \_\_\_\_\_

Name of School District: \_\_\_\_\_  
(Employed by) If not employed leave blank

School District Address: \_\_\_\_\_  
(Employed by) \_\_\_\_\_

Type of Certificate you currently hold: Level I \_\_\_\_\_ Level II \_\_\_\_\_

Area of Certification(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ -or- Number of Hours: \_\_\_\_\_

Date Course was completed: \_\_\_\_\_

Please fax to 814-393-2426; email to [ewise@clarion.edu](mailto:ewise@clarion.edu) or forward the completed form to:

Clarion University of PA  
Mrs. Elsa Wise  
127 Stevens Hall Clarion  
PA 16214-1232

### Required Signatures:

I affirm that the above information I have provided Clarion University for Act 48 credit is true and accurate. Furthermore, I give Clarion University permission to submit any and all information contained on this form to the Pennsylvania Department of Education for entry into their Act 48 database.

\_\_\_\_\_  
Director, School of Education

\_\_\_\_\_  
Student Signature

Date information was entered in Act 48 account: \_\_\_\_\_