



Substitute License Sign-Off

I understand that it is my responsibility to submit all required documentation to South Cook ISC in order for me to receive a substitute authorization letter from South Cook ISC.

Date	Initials	<i>Please read carefully</i>
_____	_____	I understand that it is my responsibility to submit documentation from my physician showing that I am free from communicable disease and physically fit to perform the duties of a substitute teacher.
_____	_____	I understand that I must hold at least a bachelor's degree and be issued a valid educator license from the State Board of Education and that I must register my license in Region 07—South Cook.
_____	_____	I understand that if my background check comes back with a hit, I may be required to submit the certified court disposition and that the review process will significantly delay, and may prohibit, the issuance of my substitute authorization letter.
_____	_____	I understand that all fees for fingerprinting and licensing are non-refundable and non-transferable.
_____	_____	I understand that while we normally receive background results within two weeks, occasionally it can take longer during peak times.
_____	_____	I understand that the fingerprint technician must take a photograph along with my digital fingerprints.

If you have any questions, please either call our licensure staff at 708-754-6600, or email licensure@s-cook.org.

Signature of Applicant: _____ Date: _____