



**ALABAMA STATE DEPARTMENT OF EDUCATION  
EDUCATOR CERTIFICATION SECTION  
5215 GORDON PERSONS BUILDING  
POST OFFICE BOX 302101  
MONTGOMERY, AL 36130-2101  
Telephone: (334) 694-4557  
[www.alabamaachieves.org](http://www.alabamaachieves.org)**

**ONLINE RENEWAL (OLR) AUTHORIZED USER FORM  
(Do not include Certification Portal Authorized Users on this form.)**

|   |  |
|---|--|
| School System/Nonpublic School                |  |
| School System/Nonpublic School Code           |  |
| School System/Nonpublic School Address        |  |
| School System/Nonpublic School Phone          |  |
| Superintendent/Nonpublic School Administrator |  |

Please designate the individual(s) in your central office who will be your authorized representative(s) for evaluation of renewal eligibility and authorization of renewals through the Alabama State Department of Education and Educator Certification Online Renewal System. Your designee(s) will be responsible for verification and evaluation of experience, continuing/professional education credits, and completion of coursework.

**\*Please print legibly as this information must be entered into the system so that your authorized user may access the portal.**

**ADD THESE INDIVIDUALS**

Authorized representatives must know how to evaluate renewal requirements and how to use the OLR system. This training is available at any time upon request.

| <i>Employee Name</i> | <i>Employee Title</i> | <i>Employee Email Address</i> | <i>Employee Telephone</i> | <i>Training Requested</i>                                |
|----------------------|-----------------------|-------------------------------|---------------------------|--|
|                      |                       |                               |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      |                       |                               |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      |                       |                               |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**DELETE THESE INDIVIDUALS**

| <i>Employee Name</i> | <i>Employee Title</i> | <i>Employee Email Address</i> | <i>Employee Telephone</i> |
|----------------------|-----------------------|-------------------------------|---------------------------|
|                      |                       |                               |                           |
|                      |                       |                               |                           |

By designating these individuals as authorized representatives for my school system/nonpublic school, I acknowledge that my authorized representatives are expected to follow the rules for verification and evaluation of qualifications for renewal as outlined in the current rules of the Alabama State Board of Education, Chapter 290-3-2, Educator Certification and to treat all information with the utmost confidentiality.

\_\_\_\_\_  
Signature of Superintendent/Nonpublic School Administrator

\_\_\_\_\_  
Date

**Please return the form to the address, fax, or email listed above.**