



# DISTRICT LETTERHEAD

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Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Phone: 555-555-5555  
Fax: 555-555-5555  
E-mail:  
someone@example.com

Today 's Date

Teacher Certification Office  
P O Box 94987  
Lincoln NE 68509-4987  
Fax: 402-742-2359

To Whom It May Concern:

The use of the local substitute teaching certificates has been approved by the board of education of the  
----- Public Schools. I request that you issue a local substitute  
teaching certificate to:

**( NAME )**

**( SSN )**

Sincerely,

*( Signature )*

-----, Superintendent

----- Public Schools