

WASHINGTON STATE LIBRARY
PO BOX 42460 • OLYMPIA, WA 98504-2460

APPLICATION FOR LIBRARIAN'S CERTIFICATE
Please type or print clearly

NAME _____
Last Name First Name Middle Name

MAILING ADDRESS _____
Street

City State Zip Code

PHONE NUMBER () _____

EMAIL ADDRESS _____

BIRTH DATE _____ **PLACE OF BIRTH** _____

Do you *currently* have a degree from an American Library Association (ALA) accredited or recognized Master's program in Library and Information Studies?

No _____ Yes _____ Date Awarded _____

Name of Institution that Awarded MLS Degree: _____

Name of Library School/Division: _____

Address: _____

Name of Degree Obtained: _____

Your name at the time MLS Degree was awarded: _____

Name you want printed on your certificate: _____

I certify that the above information is true and complete to the best of my knowledge and hereby give permission to release information about my academic record to the Washington State Library for purposes of degree verification.

Signature

Date

Please mail your completed application form and a \$20 check made payable to the Washington State Library to:
Attn: Librarian Certification Program • Washington State Library • PO Box 42460 • Olympia, WA 98504-2460
In addition, official transcripts issued directly from the institution must be sent to the above address for degree verification.

For Department Use Only - Do Not Write Below This Line	
Date Received	Certification No.
Remittance Rcvd	Date Issued
Degree Verification	Authorized Initials

For more information, please contact Librarian Certification at 360.704.7133 or librariancertification@sos.wa.gov