

**LCMS – Kansas District
District Exit Form**

Name:			
School:		Location:	

Last Date at the School:	
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Reason for Leaving:		
_____ Retirement	_____ Moving to Another School within the KS District	_____ Plan to Work in a Public or Private School Setting
_____ Moving to Another School In a Different District	_____ No Longer Plan to Teach	_____

Kansas License Information:			
License Number:	Type of License:	Beginning Date:	Ending Date:

_____ **At this time, I plan to keep my Kansas license current. Please keep my paperwork in the active file. I will contact you and submit an Official Request for Transcript when it is time to renew my license.**

_____ **At this time, I plan to let my Kansas license expire. Please send my final PDC paperwork to me and make my file inactive.**

Address: _____

_____ **At this time, I have not decided if I want to keep my license current or let it expire. Please keep my file active until the ending date of my license. I understand that if I do not submit any additional paperwork or make contact with the district PDC Committee, my file will be moved to inactive at the end of my license cycle and I will no longer be able to request points for recertification.**

Teacher Signature:	Date:

Principal's Signature:	Date: