EDUCATOR FILE UPDATE REQUEST
FORM PDE 338 U

(To be completed by educators who were certified prior to 1967, are not in the current teacher certification system, and have a copy of their PA professional certificate)

FEE WAIVED

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)
DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
AUTHORITY: 24 P.S. Section 1224.
PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification and (3) provision of certification data to authorized personnel and agencies.
DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

SECTION I – PERSONAL INFORMATION (please print or type)

1. Last Name First Name Middle Initial	2. Social Security Number
3. Address	4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code	5. ☐ Male ☐ Female
6. Telephone Home/Cell ( ) Work Phone ( )	7. E-Mail Address

SECTION II-AFFIDAVIT

I attest that the attached certificate is a true copy of my valid Pennsylvania professional certificate.

_____ _____
Signature of Applicant Date

Return this form with a photocopy of your Pennsylvania professional certificate to:

Bureau of School Leadership and Teacher Quality
Pennsylvania Department of Education
333 Market Street, 3rd Floor
Harrisburg, PA 17126-0333

Please note, name changes and duplicate certificates must be requested by submitting a PDE 338 D form.

Part B: PDE USE ONLY

PDE 338 U (Revised 11/09)