



SCHOOL OF ARTS AND SCIENCES
DEPARTMENT OF EDUCATION

ABCTE CANDIDATE
RELEASE OF PDE 430

Name _____ DOB _____
Area of Certification _____
Home Address _____
City _____ State _____ Zip Code _____
Daytime Phone _____
Evening Phone _____
Cell Phone _____
Email _____

I, the above named ABCTE candidate, give permission to Point Park University to release my completed PDE 430 forms to the Pennsylvania Department of Education for verification of successful completion of the Mentoring Program.

These documents will accompany my application for certification and the money order due for processing.

Candidate's Signature _____

Date _____