

Georgia Professional Standards Commission

Verification of Lawful Presence

200 Piedmont Avenue SE, Suite 1712, Atlanta, GA 30334-9029

Please Use Black Ink or Type

Please use ALL CAPS to print your legal name in the spaces indicated.

Title Mr. Ms. Dr.

Last Name

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First Name

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Middle Name

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Social Security Number or GaPSC Certification ID

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Date of Birth (MM/DD/YY)

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I am submitting¹ the following required Verification of Lawful Presence documentation:

- _____ This completed form; **AND**
- _____ The completed and notarized Affidavit (see important instructions at link below); **AND**
- _____ A copy of the ID² used in completing the Affidavit and presented to the notary for validation.

¹ Upload these documents through the Applications section of <http://mypsc.gapsc.org>. When uploading documents, please ensure that images are legible.

The Verification of Lawful Presence documentation has **3 required components**. All 3 must be submitted to fulfill the VLP requirement as mandated by state law (O.C.G.A 50-36-1):

1. **This form** AND
2. The completed and notarized **Affidavit** AND
3. A copy of the **valid ID²** used in completing the Affidavit. See instructions linked below to ensure you use the correct ID in accordance with state and federal laws based on your citizenship status.

²See complete instructions, **including which form of ID to use by citizen status**, at <http://www.gapsc.com/Certification/ApplicationFormsProcedures/verificationLawfulPresence.aspx>.

Failure to provide all 3 components will result in an application being put on hold until received.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies **one of the following** with respect to application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires: