



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



SUBSTITUTE LICENSE FEE REFUND REQUEST

EDUCATOR LICENSURE DIVISION

Instructions: If a substitute license was issued after the date of July 1, 2017 and the educator has worked more than ten full school days within a year of receiving the license, a request for a refund on the application license fee may be submitted. The application for refund request must be submitted within 18 months from the date of issuance of the new license. **All refunds will be credited back to the credit/debit card used to make the payment.**

The educator must complete Part I of this form, and a School or District Official must complete Part II. Please request the form to be e-mailed to sub10refund@isbe.net. **Forms submitted by the educator will not be honored.**

If your application fee was paid prior to December 3, 2018, your refund will be processed in check format and a W-9 and direct deposit form will need to be completed. You must sign and mail the attached W-9 and direct deposit forms to our office in addition to emailing form 73-02. Please ensure you have fully completed and signed both a W-9 and direct deposit form.

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

_____ Date of Issued Substitute License

_____ County/ROE Registration Fees Paid In

PART II – TO BE COMPLETED BY SCHOOL OR DISTRICT OFFICIAL

Please complete the following assurance of how many days the individual has been a substitute and email this form to sub10refund@isbe.net.

I certify that the above named individual, _____ has been employed on the following license within one year of issuance of the license:

- Substitute License for _____ Days
- Short Term Substitute License for _____ Days

NAME OF DISTRICT	TELEPHONE (Include Area Code)
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)
TITLE OF AUTHORIZED OFFICIAL	E-MAIL

_____ Date

_____ Signature of Authorized Official