

NON-CITIZEN OATH OF ALLEGIANCE

IMPORANT: This form is to be completed by only those individuals who are NOT U.S. citizens.

A. Please print your name as it appears on any documentation that you are required to submit.

Last Name		First Name		Middle Name/Initial	
Street Address					
City			State		Zip
Social Security Number		Date Of Birth	Month	Day	Year
E-mail Address		Phone Number	Area Code		

Endorsement Information. Please enter the code and print the name of the endorsement for which you or applying.

Endorsement Code	Endorsement Name
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B. Oath of Allegiance

Oath to support the institutions of the United States (to be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9).

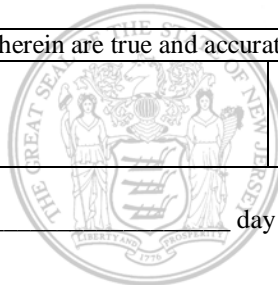
I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

C. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)	Date
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Sworn and subscribed to before me this _____ day of _____, 20_____



Notary Seal	Notary Signature
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Once completed, mail the form to:

New Jersey State Department of Education
 Office of Licensure and Credentials
 P.O. Box 500
 Trenton, New Jersey 08625-0500

Attention: Non-Citizen Oath of Allegiance