Loss of Credentials Disclosure Form

Directions

1. Enter your name, department name, and the name of your Administrative Supervisor. Please use the department name and name of your Administrative Supervisor for the position effected by the loss of your credential.
2. Complete the entire form, indicating which license/credential was lost, the name of the issuing body for that credential, the date and reason it was lost, and the position(s) you hold at LCC that are affected by this loss of license/credential.
3. Sign and date form. Electronic signatures are accepted.
4. Save the completed Word document as a new file.
5. Email the new file to your Administrative Supervisor and [HR-Support@star.lcc.edu](mailto:HR-Support@star.lcc.edu).

Name: *Enter name*

Department: *Enter Department*

Administrative Supervisor: *Enter Administrative Supervisor*

Name of Credential Lost: *Enter Credential Lost*

Name of Issuing Body of Credential: *Enter Issuing Body of Credential*

Date Credential Lost: *Enter Date Credential Lost*

Reason Credential Was Lost: *Enter Reason Credential Was Lost*

Affected LCC Position(s): *Enter Affected LCC Position*

My signature certifies that the above information is correct as of the date listed below.

Signature: *Enter Signature* Date: *Enter Date*