BSS-ES-F2d					Revis	Revised May 2020	
TEACHER UN	TEACHER UNIT ALLOCATION REQUEST CLASS DATA SHEET	N REQUES	T CLA	SS DAT	A SHEE	T	
Name of School:			Distri	ct Code	District Code Number:		
Name (Use the Name on the Teacher's License)	Social Security Number	Total Years Teaching Experience	District Time	Certificate Level	Area(s) of Endorsement	Number of Section 504 Students Served	
				Liap, Duco			
				Ķ.			
			2				
			*				

Statement of Assurances (signed by the superintendent of the school district or the head administrator of the State-licensed facility): I do hereby certify that students served by teachers meet the criteria outlined in the State Board Policy 48.1. Documentation is on file that verifies all criteria are met for each student. Therefore, I request that the Section 504 Teacher Unit(s) submitted to the Mississippi Department of Education be approved for funding.

Superintendent/Head
Administrator'
S)
Signature