



Teacher Verification Form

To be completed by Teacher with notarized signature

NOTE: This form must be submitted for final reimbursement by December 17, 2021.

(ALL required documents must be included with the final reimbursement request)

Section 1: Demographic Information	
First Name	
Middle Initial	
Last Name	
Date of Birth	
Last 4 digits of Social Security Number	

Section 2: Verification of Teaching Experience	
Name of Employer 1	
If employer and school are different, name of school where program is located	
Street Address City, State, Zip	
Employment Position/subject and grade level	
Full time dates of employment	From / / to / /
Part time: Full time equivalent days: _____	From / / to / /
Years of service:	

Name of Employer 2	
If employer and school are different, name of school where program is located	
Street Address City, State, Zip	
Employment Position/subject and grade level	
Full time dates of employment	From / / to / /
Part time: Full time equivalent days: _____	From / / to / /
Years of service:	

Name of Employer 3	
If employer and school are different, name of school where program is located	
Street Address City, State, Zip	
Employment Position/subject and grade level	
Full time dates of employment	From / / to / /
Part time: Full time equivalent days: _____	From / / to / /
Years of service:	

Name of Employer 4	
If employer and school are different, name of school where program is located	
Street Address City, State, Zip	
Employment Position/subject and grade level	
Full time dates of employment	From / / to / /
Part time: Full time equivalent days ____	From / / to / /
Years of service:	
Verification of Degrees	
Name of University	
Dates Attended	From / / to / /
Degree Awarded	

Name of University	
Dates Attended	From / / to / /
Degree Awarded	

Name of University	
Dates Attended	From / / to / /
Degree Awarded	

Name of University	
Dates Attended	From / / to / /
Degree Awarded	

Section IV: Verification of License	
Mississippi Educator License Number	
Current Level of Licensure (circle one)	A AA AAA AAAA

NOTARIZED SIGNATURE

Mississippi Notary Acknowledgment

The State of Mississippi

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state on this _____ day of _____ in the year 20____ within my jurisdiction, the within named

_____ who acknowledged that he/she executed the above and foregoing instrument.

Signature_____
Notary Public Signature_____
Print

(SEAL)