



### Teacher Verification Form

**To be completed by Teacher with notarized signature**

**NOTE: This form must be submitted for final reimbursement by January 31, 2024.**

**(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:	
<b>Verification of Degrees</b>	
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	

<b>Section IV: Verification of License</b>	
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)