

**PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**

|                |                   |                              |
|----------------|-------------------|------------------------------|
| Name           | Social Security # | ACS Account # (if available) |
| Street Address | City              | State                        |
| Zip            | Date of Birth     | Email Address                |
| Home Phone #   | Cell Phone #      | Work Phone #                 |

**TEACHING SERVICE CANCELLATION**

|                        |                     |
|------------------------|---------------------|
| BEGINNING (mm/dd/yyyy) | ENDING (mm/dd/yyyy) |
|------------------------|---------------------|

Altered dates will not be accepted

THIS IS TO CERTIFY THAT I WAS A FULL-TIME TEACHER FOR THE ABOVE DATES AT:

|                         |                                       |                       |
|-------------------------|---------------------------------------|-----------------------|
| School District/County  | School Name                           | School Street Address |
| School City, State, Zip | School Telephone #                    | Grade Level Taught    |
| Subject Area Taught     | # of Periods Taught This Subject Area |                       |

THIS FORM IS INVALID WITHOUT BORROWER'S SIGNATURE, SOCIAL SECURITY NUMBER, BEGINNING AND ENDING DATES, AND PART II CERTIFICATION.

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X \_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_ Date

**PART II – TO BE COMPLETED BY SCHOOL OFFICIAL (Superintendent of Schools or School Principal)**

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X \_\_\_\_\_  
Signature of Superintendent of Schools or School Principal

\_\_\_\_\_ Date

|   |       |  |
|---|-------|--|
| Printed Name, Title, and Address of School Official |       | Official Stamp or Seal<br>If no stamp or seal is available, please provide letterhead certification. |
| Telephone #   |       |  |
| Dates Employed (mm/dd/yyyy)                         | From: | To:  |

**RETURN FORM TO:  
ACS, INC. – ATTN: LINDA  
900 Commerce Drive, Ste. 320  
Oak Brook, IL 60523  
800.432.2372 ext 2788  
FAX 630.203.2796**

PART III FOR OFFICE USE  
PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_