

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

Name	Social Security #	ECSI Account #
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

NURSING/NURSING INSTRUCTOR SERVICE CANCELLATION

BEGINNING (mm/dd/yyyy)	ENDING (mm/dd/yyyy)
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Altered dates will not be accepted

THIS IS TO CERTIFY THAT I **WAS** EMPLOYED AS A **FULL-TIME** REGISTERED NURSE/NURSING INSTRUCTOR FOR THE ABOVE DATES AT:

Hospital/Clinic or School Name	Hospital/Clinic or School Street Address	
City, State, Zip	County	Telephone #

THIS FORM IS **INVALID** WITHOUT BORROWER’S SIGNATURE, SOCIAL SECURITY NUMBER, ACCOUNT 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 HUMAN RESOURCES DEPARTMENT

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X _____
 Signature of Authorizing Official Date

Printed Name, Title, and Address of Official	Official Stamp or Seal If no stamp or seal is available, please provide letterhead certification in addition to this form.	
Telephone #		
Dates Employed (mm/dd/yyyy)	From:	To:

RETURN FORM TO:
 Mississippi Institutions of Higher Learning (MIHL)
 C/O ECSI, Inc.
 181 Montour Run Rd.
 Coraopolis, PA 15108

Questions:
 Email: webcservice@ecsi.net
 Phone: (888) 549-3274