

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 #

TEACHING SERVICE CANCELLATION

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

Altered dates will not be accepted

THIS IS TO CERTIFY THAT I **WAS** EMPLOYED AS A **FULL-TIME** LICENSED TEACHER IN A MISSISSIPPI PUBLIC SCHOOL DISTRICT FOR THE DATES ABOVE AT:

School District	School Name	School Street Address
School City, State, Zip	School County	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, 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 SCHOOL OFFICIAL (Superintendent of Schools or School Principal)

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