SCHOOL DISTRICT NAME | BUILDING NAME

DIRECTIONS
Mail the completed form to the address above.

QUESTIONS: Contact Ellen Meadows at (314) 516-7697

SECTION I: APPLICANT INFORMATION
I QUALIFY AS A (CHECK ALL THAT APPLY)
- [ ] TROOPS TO TEACHERS
- [ ] CAREER CHANGER
- [ ] CERTIFIED TEACHER IN ANOTHER SUBJECT

NAME (LAST, FIRST, MIDDLE INITIAL)
STREET ADDRESS
CITY, STATE, ZIP CODE
E-MAIL ADDRESS

PHONE NUMBERS
H ( ) W ( )

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<tr>
<th>COLLEGE/UNIVERSITY</th>
<th>STATE</th>
<th>GPA</th>
<th>FROM MO/YR</th>
<th>TO MO/YR</th>
<th>DEGREE MAJ</th>
<th>OR/MINOR</th>
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MOST RECENT PRIOR EMPLOYMENT
EMPLOYER NAME
YEARS EMPLOYED
POSITION HELD

I choose this location to attend class:

APPLICANT’S SIGNATURE
DATE

SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT
List subjects(s) and grade level(s) of applicants teaching assignment(s)

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<th>SUBJECT</th>
<th>GRADE</th>
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I hereby affirm that ____________________________ is employed by this school district and will be using the Temporary Authorization Certificate for the _____ - _____ school year.
His/her beginning teaching date is/was ________.

SIGNATURE OF SCHOOL OFFICIAL
DATE

NAME OF SCHOOL OFFICIAL
TITLE