

For Office Use Only		
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Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Account Credit		

PLEASE PRINT CLEARLY

Date: _____ UIN: _____ Phone #: _____

Your Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Signed: _____ Date: _____

SEND CREDENTIALS TO:

Name of Person: _____

Title: _____

School/Organization: _____

Address: _____

City, State, Zip: _____

Name of Position Applying For: _____

 Send entire file Send all references (limit 4) Send resume/CV Send unofficial transcripts Send final teacher evaluation/certificate Send ONLY the following references:

1) _____ 2) _____

3) _____ 4) _____

(If no selection is made, the entire file will be sent.)

METHOD OF PAYMENT Check # _____ Cash Account Credit Credit Card: Visa MasterCard Discover

Credit Card #: _____ Expiration date: _____

Printed Card Name: _____ Amount Charged: \$ _____

Authorization for release of credential file and credit card charge (signature required):

Date _____ Signature**NO REFUNDS**