



COLLEGE OF EDUCATION

EDUCATOR'S CHOICE DISCOUNT

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Program: (please check one)

- _____ MAT, Endorsement _____
- _____ MEd, Concentration _____
- _____ MS, Concentration _____
- _____ PBTL, Endorsement _____

To be completed by your Principal or Central Office

By completing the form below, I am verifying that the individual listed above is employed part-time or full-time at a private or public PK-12 school (or system).

School: _____

Position Held by Individual Above: _____

Your name: _____

Phone or email for verification: _____

Signature: _____

Please return this form to COEdiscount@marybaldwin.edu or the fax number below.