



SCHOOL 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, ABA or HIED _____

_____ PBTL, Endorsement _____

_____ Certificate Program, non-degree seeking _____

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.