Troops to Teachers Contact Sheet

The purpose of this form is to collect information so that a potential registrant can be contacted with additional information about the Troops to Teachers program. This is <u>not a registration</u> for the Troops to Teachers program. To register go to www.proudtoserveagain.com.

CONTACT INFORMATION:

Name: _____ _____ _____
(Please Print) (First) (MI) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Phone: (w) _____ (h) _____

(c) _____

Email 1: _____

Email 2: _____

EDUCATION BACKGROUND:

Degree(s) Earned:
1. _____ Major: _____
(AA, BS, MA, Etc.)
2. _____ Major: _____
(AA, BS, MA, Etc.)

TEACHING PREFERENCE:

List, in order of preference, up to three state(s) in which you are interested in teaching: _____ , _____ , _____

Subject(s) desired to teach: _____

MILITARY BACKGROUND:

Branch of Service: Army ☐ Air Force ☐ Coast Guard ☐ Navy ☐ Marine Corp ☐

Current Status: Active Duty ☐ National Guard ☐ Reserves ☐ Retired ☐ Separated ☐

Pay Grade: _____

Separation / Retirement Date (actual or projected): _____ Years of Service: _____

Event: _____ Location: _____ Date: _____

I hereby authorize the release of personal information to the Troops to Teachers State Offices. I understand this **<u>is not a registration</u>** for the Troops to Teachers program. I must register at ***www.proudtoserveagain.com***.

Signature: X _____ Date: _____

Return this form by mail, fax or email to:	Central States Troops to Teachers PO Box 480 Jefferson City, MO 65102-0480	Fax: 573-526-5710 Email: DESE.troopstoteachers@dese.mo.gov

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