



**Certificate of Teaching Service
Paul Douglas Teacher Scholarship Program
Florida Department of Education
Office of Student Financial Assistance
325 West Gaines Street, Room 934
Tallahassee, FL 32399-0400**

**toll-free 1-888-827-2004
fax 1-850-413-7443**

Name (Please Print) _____
Social Security Number

Permanent Street Address

City State Zip Code (_____) _____
Home Telephone Number

Check (✓) here if the above reflects a change in your name, address, or telephone number.

SECTION I: TO BE COMPLETED BY BORROWER

I certify that I am eligible to have a portion of my Paul Douglas Teacher Scholarship canceled as a result of teaching service at a public or private non-profit preschool, elementary or secondary school, or education program.

Check (✓) one: I do do not intend to fulfill my remaining obligation through teaching service.

I understand that it is my responsibility to notify the Florida Department of Education (Department) of any changes in my employment, which may affect my status under the Paul Douglas Teacher Scholarship Program. In addition, I understand that it is my responsibility to notify the Department of any change to my name, permanent address, or phone number.

I further authorize the release of information to complete Section II of this form.

Borrower's Signature _____
Date

SECTION II: TO BE COMPLETED BY CERTIFYING OFFICIAL

This is to certify that, as of ____/____/2011, the above named Paul Douglas recipient has completed a full year
Month Day

as a full-time teacher and taught at the grade level and in the subject area specified below.

Grade Level Taught: _____ Subject Area(s) Taught: _____

Signature of Certifying Official _____
Date

Name and Title of Certifying Official (Please Print or Type) (_____) _____
Telephone Number

Name of Educational Institution

Address City State Zip Code

NOT VALID WITHOUT STAMP OR SEAL



