

SOUTH CAROLINA TEACHING FELLOWS CONTACT INFORMATION UPDATE

(Please Print Or Type)
THIS FORM IS **NOT** FOR LOAN CANCELLATION PURPOSES.

Today's Date:		
Teaching Fellows Institution Attended:		
Year Entering Program:		
CONTACT INFORMATION		
Last Name:		Last 4 Digits of SS#:
First and Middle Name:		
Maiden Name:		
Street Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
CURRENT STATUS (CHECK ONE):		
<input type="checkbox"/> Teaching District: _____ School: _____ Subject & Grade: _____		
<input type="checkbox"/> Graduate School Institution: _____		
<input type="checkbox"/> Continuing Undergraduate Degree Anticipated Date of Graduation: _____		
<input type="checkbox"/> Military Service		
<input type="checkbox"/> Other Please Explain: _____		
Do you hold a SC Teaching Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificate Number: _____		Area of Certification: _____
YOUR SIGNATURE IS VERIFICATION THAT ALL INFORMATION ON THIS FORM IS ACCURATE.		
The Master Promissory Note and Loan Agreement requires that you inform CERRA of any and all changes in your contact information and teaching status as they occur. For your convenience, this form may be accessed online at www.cerra.org .		
Signature: _____		Date: _____

Return form to:
 CERRA * Attn: Teaching Fellows Program * Stewart House at Winthrop University * Rock Hill, SC 29733
 Or fax form to: 803.323.2339