Licensure Information Form

This form is required for Mississippi State University to provide recommendation for licensure using the Mississippi Department of Education online ELMS system.

Please submit a completed copy of this form to the OCFBI office by mail, fax, email, or in person to the following:

Office of Clinical/Field-Based Instruction and Licensure Attn: Donna Shea Box 9710 Mississippi State, MS 39762 dshea@colled.msstate.edu *Phone*: (662) 325-7684 *Fax*: (662) 325-0615 Allen Hall 318 – Mailstop 9710

First Name & MI:		
Last Name:		
MSU 9-DIGIT Number	netID	
Date of Birth:	Date of Graduation:	
Email:	Phone Number:	
MAJOR		
MSU Campus:		
☐ Starkville ☐ Meridian		
Requested Endorsement Area:		Degree Program:
 □ Driver's Education □ Psychometry □ School Administration □ School Counseling □ School Psychology □ Teacher Leadership 		☐ Bachelor ☐ Master ☐ Specialist ☐ Doctorate ☐ Non-Degree (Endorsement only)

