## **CONTINUING EDUCATION OFFICE**



## CEU CERTIFICATE REQUEST FORM

NAME:		SCHOOL:		
(PRINT NAME A	AS SHOWN ON LICENS	E)	_	
I did not receive my CEU C	'ertificate			
I misplaced my CEU Certifi	icate and need a reissued	Certificate for:		
TITLE:				
DATE OF SESSION:				
PRESENTER'S NAME:				
NOTE: Complete a form for ea \$5.00 for each reissued certificate return with form/s to Jo Cox, C South Street, Hernando, MS 38 jo.cox@dcsms.org or 662-449-7	ate. Make check payabl Continuing Education O 8632. If you need further	e to DeSoto Count ffice, DeSoto Cour	ty Schools and nty Schools, 5 Eas	
PRINT PRESENT HOME AD	DRESS:			
Street	City	State	Zip Code	
Home Phone Number		Cell Phone Number		
Email address				