



## Teacher Shortage Employment Incentive Program (TSEIP) Information Update

**Applicant Name:** \_\_\_\_\_  
Last Name First Name Maiden Name

**Current Address:** \_\_\_\_\_  
Street Address City State Zip

**Home Telephone:** \_\_\_\_\_ **Cell Telephone:** \_\_\_\_\_

**Home E-Mail:** \_\_\_\_\_

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**Year of Graduation:** \_\_\_\_\_ **University:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**1<sup>st</sup> Month to Teach:** \_\_\_\_\_ **What Year:** \_\_\_\_\_ **Years Teaching:** \_\_\_\_\_

**Consecutively:** Yes No

**Current School:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**School E-Mail:** \_\_\_\_\_

**Subject Areas Taught:** Secondary Math Secondary Science Other: \_\_\_\_\_

**Grade Level(s) Taught (list all):** \_\_\_\_\_

### Optional Information

Check an ethnic group that describes you

African American Hispanic Asian Native American Pacific Islander Native Caucasian Other \_\_\_\_\_

By my signature, I hereby give my consent for the Oklahoma Teachers Retirement System to release my current address, membership date, years of service, and my employer to the Oklahoma State Regents for Higher Education for the purpose of verifying my eligibility for the Teacher Shortage Employment Incentive Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail to:

TSEIP

Oklahoma State Regents for Higher Education  
P.O. Box 108850, Oklahoma City, OK 73101-8850