Verification of Education for Licensure in Social Work

Instructions to Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college of university where you obtained your <u>degree in social work</u>. This form may also be submitted by completing the top portion including notarizing and signing, and submitting directly to our office with a <u>sealed</u> transcript.

Name (Last,First, Middle Initial)	Maiden Name or Given Surname
Address (Street, City, State, and Zip Code)	Home Phone (Work)
Last 4 of Social Security Number Student Identification Num	ber Date of Graduation
License Applying For (Check One):	
☐ Social Worker ☐ Master Social Worker ☐	Certified Social Worker
Waiver For The Release of Information:	Subscribed and sworn before me this day of20
I am applying for licensure as a social worker in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript	My commission expires
or other information, favorable or otherwise, to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, should this information be requested at	Notary Public
any time.	Seal
Date Applicant's Signature Instructions to Education Institution:	
P.O. Box 45	O OF EXAMINERS OR Email to info@swmft.ms.gov S 39296-4508 If you send via email, you do not have to mail
Name of Institution	Location of Institution (City & State)
Date of Attendance (Month/Year)	Total Number of Academic Years
From: To: Date Degree Conferred	Degree Conferred/Awarded
Program Name & Curriculum Description	Date of Practicum/Internship: From: Month Day Year To: Month Day Year Total Hours:
	rgraduate: CSWE SACS Other:
(On date degree conferred) Grad	uate: CSWE SACS Other:
	Registrar's Name (print or type)
Seal of the College or University	Registrar's Signature
	Telephone Number Date