

Georgia Department of Education
Kennesaw State University Educational Technology Center
INTECH REDELIVERY
REGISTRATION FORM

Last Name _____ First Name _____ MI _____

SS# (no dashes) _____ Date of Birth _____

Teacher Certification (T-4, L-5, etc.) _____ Subject _____

Official Title _____ Education Level _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

School System _____ School Name _____

Principal _____ School Fax #: _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ Email _____

Please Select: **PRIMARY** **ELEM** **MIDDLE** **HIGH** **MEDIATECH** **ADMINTECH**

Please return to your InTech Instructor!

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Kennesaw Hall - Box #0127
Kennesaw, Georgia 30144