

**CORNELL COLLEGE**  
Education Department and Business Office  
Mount Vernon, IA

Mentor Teacher Name: \_\_\_\_\_

Mentor Teacher SSN: \_\_\_\_\_

School & School Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Teacher's Name: \_\_\_\_\_

Dates of Assignment: \_\_\_\_\_

Departmental Approval Signature: \_\_\_\_\_

Business Office Signature: \_\_\_\_\_

Total Check Amount: \_\_\_\_\_

Education Department Account Number: 10-10-10215-6163
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For persons receiving payments totaling \$600 or more in a calendar year, the College is required to report the name, address, tax ID number and amount to the Internal Revenue Service. Please provide this information above. Payment may not be issued until these items are on file.
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