

## VERIFICATION OF TEACHING/ADMINISTRATIVE EXPERIENCE FORM

SOCIAL SECURITY NUMBER: \_\_\_\_\_

This is to certify that \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Any other name(s) Used \_\_\_\_\_

Was employed by: \_\_\_\_\_

City of: \_\_\_\_\_ State of/Country of: \_\_\_\_\_

*BEGINNING MONTH-DAY-YEAR	*ENDING MONTH-DAY-YEAR	*POSITION	*NUMBER OF DAYS WORKED	*HOURS PER DAY	*FULL-TIME PART-TIME

**\*Must be completed**

Authorized Signature, Title & Organizational Stamp *(Official stamp or seal is required if verification is from a country outside the United States)*. I attest, under penalty of perjury, that to the best of my knowledge, this employee was authorized and worked as an educator within the school district and the above verification is genuine and relates to the individual.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
MAILING ADDRESS

OFFICIAL SEAL