

VERIFICATION OF TEACHING/ADMINISTRATIVE/INSTRUCTIONAL SUPPORT 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