



# COLLEGE OF EDUCATION

## EMPLOYMENT VERIFICATION FORM

This form should be signed by the school's principal or the principal's designee.

**Please print to ensure legibility.**

STUDENT NAME \_\_\_\_\_  
STUDENT ID. NO. 907- \_\_\_\_\_  
DEGREE PROGRAM \_\_\_\_\_  
CONCENTRATION \_\_\_\_\_

I, the undersigned principal or principal's designee, hereby certify that the above-referenced individual is currently employed as a **full-time teacher**\* by:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Mailing address of school

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Contact E-mail Address

\_\_\_\_\_  
Contact Phone Number

\* This form should not be used for paraprofessionals or substitute teachers.