



## Southern Union Office of Education Teaching Experience Verification Form

Date: \_\_\_\_\_

### **Educator Only**

Please complete this section of this form only and send to your former employer(s) for verification of your teaching experience.

Do not include short-term substitute, paraprofessional or assistant experience.

Print Legal Name: \_\_\_\_\_  
First Middle Maiden Last

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Employer Only**

Please complete this section of the form and return to the Southern Union Conference of Education, using one of the options below.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST. \_\_\_\_\_ Zip: \_\_\_\_\_

Beginning Date of Service	Ending Date of Service	Full Time	Part Time	Grades/Subjects Taught

School Administrator/Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

### **Employer**

Please mail completed form to:  
Office of Education/Certification  
Southern Union Conference  
P.O. Box 923868  
Peachtree Corners, GA 30010-3868  
770-408-1800

Email to:  
[Mjames@southernunion.com](mailto:Mjames@southernunion.com)  
[Lbiggs@southernunion.com](mailto:Lbiggs@southernunion.com)