



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:
Bcalderon@southernunion.com
Lbiggs@southernunion.com