



Office of Personnel Services
 Post Office Box 820
 Clarksdale, Mississippi 38614

PHONE: (662) 624-5448

FAX: (662) 624-5512

VERIFICATION OF PREVIOUS TEACHING EXPERIENCE

Please verify teaching experience. This form may be faxed or mailed.

TO: _____
 School District (Outgoing)

 Address

 City/State/Zip Code

 Phone _____ Fax _____

From: _____
 Name of Teacher

 Address

 City/State/Zip Code

 Social Security Number _____

Date _____ **Requestor's Signature** _____

I taught in your school district during (years) _____ in the subject area(s) of _____.

CERTIFICATION

| SCHOOL SESSION | POSITION/SUBJECT/GRADE | LENGTH OF SCHOOL TERM (MONTHS) | TOTAL NUMBER MONTHS TAUGHT |
|----------------|------------------------|--------------------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date _____

Signed _____

Title _____