



# Western Line SCHOOL DISTRICT

## REQUEST FOR VERIFICATION OF PRIOR EXPERIENCE

The Western Line School District is attempting to establish the prior services of the person listed below.

Please return all completed verifications to [renae.humphrey@westernline.org](mailto:renae.humphrey@westernline.org) or fax 662-378-2285

**Name of Applicant:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

<b>This box is to be completed by Applicant:</b>	
<b>Previous School District:</b> _____	
<b>Position:</b> _____	<b>Fax #:</b> _____
<b>Address:</b> _____	

<b>Experience Record</b>					
<b>(List each year of experience beginning July 1 – June 30)</b>					
<b>Name of School</b>	<b>School Year</b>		<b>Time Employed</b>		<b>Full or Part Time</b>
	<b>Beginning Date</b>	<b>Ending Date</b>	<b>Months</b>	<b>Days</b>	

The above school system or college was fully approved or accredited by the \_\_\_\_\_  
Board of Education at the time the service was performed. (State)

**Public School** \_\_\_\_\_ **Private School** \_\_\_\_\_

I hereby certify the above listed experience is a true and correct copy of the records on file for the teacher named above. **(Must be signed by an official from the school system central office.)**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_