



VERIFICATION OF DOCUMENTS

I, _____ associated with _____ in the role of _____ verify we have the originals of the included copies from the below person who is currently employed by our institution in the capacity of a Teacher.

Name:

Address:

Date of Birth:

All documents that are copied are confirmed and we have the official documents and they are housed within our institution.

Also, I confirm that the person stated above has a Finger Print Card and clearance through the background process to teach at our institution. Please indicate below the expiration date of the Finger Print Card:

Expiration Date of Finger Print Card:

Print Name:

Title:

Signature: _____

Date: