Verification of Experience

TO: **Dr. Linda Morford, Department Chair**
Department of Educational Leadership
Eastern Illinois University
2320 Buzzard Hall
600 Lincoln Avenue
Charleston, IL 61920

FROM: _____ _____
Superintendent **School District**

District Address

_____
District Phone

RE:_____ _____
Educational Administration Student **Student Social Security Number**

Application for: (check one)

_____ **General Administrative Certificate (Type 75)**

_____ **Superintendent's Endorsement**

This letter is to verify that the individual listed above has completed _____ years of full-time experience in our school district. This individual has been employed in a certified position as: (check all that apply)

_____ **Full-time teacher** _____ **Number of years**

_____ **Full-time School Service Personnel** (check all that apply)

_____ **Counselor** _____ **number of years**
_____ **Psychologist** _____ **number of years**
_____ **Social Worker** _____ **number of years**
_____ **Nurse** _____ **number of years**
_____ **Media Professional** _____ **number of years**

____ **Full-time Administrator in possession of a Type 75 Certificate ___ number of years**

Signature of Superintendent_____

Date_____