

THE TEACHER FUND

EMPLOYMENT VERIFICATION FORM

To The Teacher Fund,

This is to verify that _____ is a full-time, certified teacher at the following public school, and bears a good performance record.

School Name _____

School Address Line 1: _____

School Address Line 2: _____

School Phone #: _____ (xxx) xxx-xxx ext. xxxx

School District: _____

Signed,

Signature

Name

Title

Date