THIS IS YOUR LICENSURE VERIFICATION FORM. PLEASE COMPLETE THIS FORM FOR **ALL NEW TEACHERS, TEACHERS WHO HAVE CHANGED ASSIGNMENTS, or TEACHERS WHO HAVE LEFT THE DISTRICT** SINCE THE LAST SCHOOL YEAR.

DO NOT send copies of transcripts or licenses.

DISTRICT		BUILDING		DATE	

Check the appropriate box

FULL LEGAL NAME		SS # or IEIN	SPECIFIC POSITION OF ASSIGNMENT INCLUDING **ALL GRADE LEVELS**	New Teacher	New Assignment	Left District
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