INSTRUCTIONAL EXPERIENCE VERIFICATION
(Kindergarten - 12th Grade)
> 51% of a school year to qualify

(To Be Sent To Your Previous School District(s) and must be received within 90 days of employment)

Please return this form directly to:
Monroe County School District, Certification
241 Trumbo Road, Key West, FL 33041-1788
Emailed verifications may be accepted to Jerian.Winn@KeysSchools.com **including authorized School Official's complete contact information and accessible school website.**

School District: _____ Date:_____

I hereby authorize you to verify my K-12 certified teaching experience with dates of employment from: _____ / _____ to _____ / _____ to Monroe County School District.

Name: _____ SS# (last 4 digits): _____ Signature:_____

SCHOOL DISTRICT TO PLEASE COMPLETE THE FOLLOWING IN-FULL USING A SEPARATE LINE FOR EACH YEAR.

Was School Accredited, Licensed, Regulated, etc. during the time? ☐ Yes ☐ No ☐ Private School System; or ☐ Public School System

Accrediting Agency _____

Start Date MM/DD/YY	End Date MM/DD/YY	# Days In School Year	# Days Taught	Full Time	% if Part-time	Name of School	Grade/Subject	Satisfactory Evaluation?

_____ _____ _____ _____

Signature of Authorized School Official/Title | Print Name | Email | Date

_____ (_____)_____

Address | City | State | Zip Code | Phone | ext._____

SEAL