

Attachment 4 **Educational Experience Verification Form**

Administrative Licensure Program

Student -please complete the following section	
Name:	Social Security number:
School District/ ESD:	
Is this district located in Oregon? ☐ Yes☐ No	If no, please provide the full mailing address:
Position:	
Did you hold a license appropriate to your position in	
Employed from: (MM/YYYY)to	D □ Full time□ Part time(FTE)
Position :	
Did you hold a license appropriate to your position in	the school/district? □Yes□ No
Employed from: (MM/YYYY)t	□ Full time □ Part time (FTE)
Verifying school district official – please complet Name :	e the following section
Title:	Phone number:
I hereby certify that the employment information	provided above is accurate and complete.
SIGNATURE	DATE