



**Verification Form**

Name \_\_\_\_\_

School Name \_\_\_\_\_ School District \_\_\_\_\_

To the best of my knowledge I will be a full-time classroom teacher or school counselor in an Oklahoma public school during the 2016-2017 school year.

**Candidate's Signature** \_\_\_\_\_

Date \_\_\_\_\_

To the best of my knowledge this teacher will be a full-time classroom teacher or school counselor in an Oklahoma public school during the 2016-2017 school year.

**Principal's/Building Administrator's Signature** \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge this teacher will be a full-time classroom teacher or school counselor in an Oklahoma public school during the 2016-2017 school year.

**Superintendent's Signature** \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_