



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 2020-2021 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 2020-2021 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 2020-2021 school year.

Superintendent's Signature _____

Date _____

Comments: _____

