

Greenwood Public Schools

420 North Main Street Greenwood AR 72936

Fax: 479-996-4143

Phone: 479-996-4142

Authorization to release information:	Dates Employed	EMPLOYEE'S NAME	Former Employer's Address STREET:	Former Employer's Name		
n: employee's signature	Position(s) Held		STREET: CITY/STATE:		— THIS SECTION TO BE COMPLETED BY EMPLOYEE	
	s) Held	Soc	m .:	Former Emp	.0YEE	
		Social Security #		rmer Employer's Fax		
DATE			ZIP CODE:	()		

to the fax number shown above or by mail to the address shown above. We very much appreciate your assistance. The individual named above has accepted employment with the Greenwood Public School District and may be eligible for experience credit, based upon years of service with your district/organization. Please complete the experience verification information and return this form by fax

VERIFICATION OF EXPERIENCE

- PLEASE USE A SEPARATE LINE FOR EACH YEAR OF EMPLOYMENT -

	Typed or P		ACCREDIT/				FROM (month/year)	III GIUSIVE DA		
Signature of Person Verifying Experience:	Typed or Printed Name of Person Verifying Experience:	ACCREDITATION STATUS: ☐ Yes, school accredited for years shown. Name of Accrediting Agency: ☐ No, school was not accredited for the years shown above. ☐ No		ATION STATUS: I				(month/year) (month/year)	Illiciusive hates of service	
			☐ Yes, school accredited for years shown. ■				Name of School or Organization			
	Title:	shown above.	lame of Accrediting Agency:				Position Held			
		ency:					Hour s Per Day	# OT		
Date:			- this no	- this no	- this no				Days Per Week	
						If Teacher, Subject Taught				
							Grade Level(s) Taught	ir leacher		