



COLUMBUS MUNICIPAL SCHOOL DISTRICT

LaToya Straughter Evans

Director of Human Resources

2630 McArthur Drive | P.O. Box 1308 | Columbus, MS 39703

Phone: 662-241-7400 | Fax: 662-241-7438

Gwendolyn Brooks

Principal

Tamika Smith

Central Office Administrative Assistant

VERIFICATION OF EXPERIENCE FOR LICENSED TEACHER AND/OR ADMINISTRATOR

Applicant Name: _____ Social Security No.: _____

Verifying School District: _____

_____ Public School _____ Private School _____ College/University _____ Other (Explain) _____

Accredited by the Following: _____

School Year	# of Days in School Year	Beginning Date	Ending Date	Total Years	Position/ Subject	Name of School Facility	Days Employed per Year	Full or Part Time (% If part time)

Continuous years of full time service may be reported on a single line. Use multiple forms if necessary. Please mail or fax to the address/ number given above.

I hereby certify that the above listed experience is a true and correct copy of the records on file for the employee named above.

Name/ Title:

Name of School District

Signature of Authorized Official:

Date

Telephone Number