



**ARMSTRONG ATLANTIC STATE UNIVERSITY
COLLEGE OF EDUCATION
EMPLOYMENT VERIFICATION FORM**

This form should be signed by the school's principal or the principal's designee.

Please print to ensure legibility.

Name: _____ Student ID#: _____

Degree: _____ Major: _____

I verify that the person named above is employed currently as a full time teacher by
_____ in _____.
Name of city or county Name of School

Please print to ensure legibility

Name: _____ Title: _____

Signature: _____ Date: _____