

Verification Form

Name	
School Name	School District
To the best of my knowledge I will be a full- Oklahoma public school during the 2014-20	time classroom teacher or school counselor in an 015 school year.
Candidate's Signature	
Date	
To the best of my knowledge this teacher w in an Oklahoma public school during the 20	rill be a full-time classroom teacher or school counselor 14-2015 school year.
Principal's/Building Administrator's Sign	ature
Date	
Comments:	
To the best of my knowledge this teacher w in an Oklahoma public school during the 20	rill be a full-time classroom teacher or school counselor 14-2015 school year.
Superintendent's Signature	
Date	
Comments:	

If you have further comments or questions, call Jennifer Gambrell, ELO Coordinator at 405-525-2612.