

## Out of State/Private School Experience Verification Form

Name of Previous School Dist	trict		Please upload t	the completed form to	
		your application for certification or			
Person or Department to Contact			renewal.		
Street			The form can a by mail to:	ilso be returned	
City	State Zip		KDE - Office of Education	ducator Licensure	
Email:					
Phone number:					
Employee Name:			SS#: XXX->	(X	
	(nown):				
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Employee signature auth	norizes release of this in	formation:	Employee Signature	Date	
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