

**CANISIUS COLLEGE**  
*School of Education and Human Services*  
**Educational Administration Program**

**VERIFICATION OF TEACHING EXPERIENCE**

**SECTION A: TO BE COMPLETED BY APPLICANT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other Name(s) by which you have been known: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby give my current or former employer permission to release any and all information required in Section B below:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**SECTION B: TO BE COMPLETED BY CURRENT OR FORMER EMPLOYING SCHOOL DISTRICT**

Name of School District: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Beginning Date of Employment of Above Named Individual (Month/Day/Year) \_\_\_\_\_

Ending Date of Employment of Above Named Individual (Month/Day/Year) \_\_\_\_\_ OR  
 Currently Employed

Individual's employment with you was:  Full Time  Part Time ( \_\_\_\_\_ %)

Grade Level(s) / Subject(s) Individual Taught: \_\_\_\_\_

Name and Title of Administrator Completing This Form: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:** **Canisius College**  
**Graduate Admissions Office (Rm LY-120)**  
**2001 Main St**  
**Buffalo, NY 14208**