

Verification of Accreditation Status



Office of Educator Certification

Last Name	First Name	Initial
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TEA ID Number

Employment Information

One of our employees has indicated previous employment with your institution. The information requested below is needed to determine whether the experience may be claimed for salary increment purposes. To assist us in our evaluation, the following information is requested.

Previous Employment From	Previous Employment To
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Institution Information

1. Was this institution during the school year(s) indicated above operated by or under the jurisdiction of a governmental unit in the state in which this institution is located?	<input type="radio"/> Yes <input type="radio"/> No
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If Yes, please provide the name of the governmental unit

2. Was this institution during the school year(s) indicated above accredited by a United States regional accrediting agency or by the state or national government in which this institution is located?	<input type="radio"/> Yes <input type="radio"/> No
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If Yes, please provide the name of the accrediting agency or governmental unit

3. Is this a Public or Private School?	<input type="radio"/> Public <input type="radio"/> Private
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We appreciate your cooperation in completing this form at your earliest convenience.

Name of Institution

Signature of Person completing form	Title of Person Signing
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The organization's official stamp must be included on the form if service from outside of the United States is reported. For public schools, colleges and universities, the country's Department of Education is the organization official stamp.