



Alliant International University
California School
of Education

Employment Verification Form

Let this serve as verification that _____ has received a
_____ FTE teaching contract for the _____ academic year
in the following grade(s) _____ in the following subject area:

✓ Special Education: _____ MILD/MODERATE _____

School District/Employing Agency: _____

District/Agency Address: _____

Phone Number: _____ Fax: _____

School Site: _____

School Site Address: _____

Phone number: _____

District Support Provider: _____

Full Printed Name

Phone: _____ Email: _____

**This section must be completed by your School Site Administrator
or District/Employing Agency HR Representative**

Verified by: _____

Full Printed Name/Title

Phone: _____ Email: _____

Signature: _____ Date: _____

For MOUs, please contact: Debra-lea Olazaba, dolazaba1@alliant.edu