

Clearance Verification Request

This form serves as a request to verify employment and clearance for the individual listed below. This individual is in a Graduate Education program that requires valid clearances to file in order to complete field experiences.

Student Name _____ Student ID # _____

Employing School District/Agency _____

To be completed by HR Director or school/agency appropriate official

The following clearance tests are valid and on file:

- Act 34 (State Police)
Issued Date: _____
Expiration Date: _____
- Act 114 (FBI)
Issued Date: _____
Expiration Date: _____
- Act 151 (Child Abuse)
Issued Date: _____
Expiration Date: _____
- TB Test
Read Date: _____
Negative result? _____

I verify that the information above is accurate and that the above named individual has been in continuous employment with our district/service since these dates.

Name/Signature

Date