

# District Verification for Principal Licensure Candidates

Department of Human Services, 91 Killian Building Lane, Room 208  
Western Carolina University, Cullowhee, NC 28723

Please have a district personnel officer verify the following information. The candidate should then scan the completed form and submit it as a PDF file through SLATE. Alternatively, the form may be submitted as a word document form if the personnel officer provided an electronic signature.

Applicant's Name:	
Employer:	
School Name:	
School Address:	
School Phone #:	
School Fax #:	

Date: \_\_\_\_\_

Full years of experience (career):

\_\_\_\_\_ 0-2    \_\_\_\_\_ 3-4    \_\_\_\_\_ 5+    \_\_\_\_\_ Teaching

Applicant has a health certificate on record with the employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant has a background check on record with the employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_