

Verification of Employment

Name _____ Social Security _____

Name of School _____

Number of years/months of teaching _____

Signature of Employer _____ Date _____

Please send to Sue Tidwell, Certification Registrar, by one of the following methods:

FAX: 269-473-8252

Email: sue.tidwell@lakeunion.org

USPS: Lake Union Conference Office of Education, P.O. Box 287, Berrien Springs, MI. 49103

Thank you,



Certification Registrar
Lake Union Conference
Office of Education