


Verification of Experience

Name: _____ (previous)	
School District: _____	Last 4 digits of SS#: _____
From: _____ To: _____	Total Years: _____

The above individual has recently been hired as a teacher with the South Lyon Community Schools and listed previous employment with your school district. I am requesting the information below to verify that this teacher was granted tenure under provision of the Michigan Tenure Act. If you have any questions, please contact 248-573-8130.

Teaching Position: _____	School: _____
From: _____	To: _____
Teaching Position: _____	School: _____
From: _____	To: _____
Teaching Position: _____	School: _____
From: _____	To: _____
Total Years of Experience: _____	Check box if tenured <input type="checkbox"/>
Title: _____	Signature: _____

<p>Please return to: South Lyon Community Schools 345 South Warren South Lyon, MI 48178</p> <p>Or fax to: 248-437-8928</p>	
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