

# Lakeland Central School District

## DEPARTMENT OF HUMAN RESOURCES



Phone: (914) 245-1700  
 Fax: (914) 245-8073  
 HR Email: [humanresources@lakelandschools.org](mailto:humanresources@lakelandschools.org)



### REQUEST FOR VERIFICATION OF PRIOR TEACHING EXPERIENCE OUTSIDE OF LAKELAND CENTRAL SCHOOL DISTRICT

**To Superintendent or Personnel Administrator:**

I am applying for a position as a teacher with the **Lakeland Central School District** in Westchester County, New York, and hereby authorize you or your designee to **verify my employment as a teacher, tenure status, and APPR rating** in order to be considered for a reduced probationary period under Education Law 3012. Please mail the original form to the address below.

Thank you in advance for your consideration.

\_\_\_\_\_  
 Teacher's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Teacher's Name (please print)

\_\_\_\_\_  
 Social Security Number

*(SPACE BELOW FOR PRIOR SCHOOL DISTRICT USE ONLY)*

Public School District or Town	State	From Month-Year	To Month-Year	Total Years-Months

Was this teacher granted tenure?       Yes  No

If yes, please indicate tenure area and date tenure was granted:

\_\_\_\_\_  
 Tenure Area

\_\_\_\_\_  
 Tenure Date

Received an APPR pursuant to Section 3012-c or 3012-d in the final year of service?       Yes  No

If yes, please state composite rating: \_\_\_\_\_

Name of Person Making Report: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**PLEASE NOTE:** This form must be signed by the district superintendent or personnel administrator.

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