

## 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