



Superintendent License
Verification of Experience Form for State of Ohio

To the Applicant: Please have this form signed by the School District to verify dates where you claim the experience.

To the School District: Please sign to verify Principal or Administrative Specialist experience of the applicant with your signature & indicate dates of experience below:

The applicant holds “(a) **Three years** of successful experience in a position requiring a principal or administrative specialist license;”

Dates: From: _____ **To:** _____

Dates: From: _____ **To:** _____

RE: _____
Applicant's First Name Last Name Middle Name

Address _____
Street City State Zip Code

State ID# or Social Security# _____ Telephone# () _____

This is to verify that: _____
(Applicant's name as listed above)

is applying for the State of Ohio, Superintendent license and has met the experience outlined above for this license.

Signature of School District Title Date

Name of person completing the form (please print or type)

School District's Name & Address (print or type) Telephone#() _____
E-Mail _____

Please email completed form to: XUlicense@xavier.edu

or mail to: Ms. Renée Gosney
Xavier University/School of Education
3800 Victory Parkway, Cincinnati, Ohio 45207-3224