



**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](mailto:XUlicense@xavier.edu)**

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