

## Verification of Classification and Teaching Experience

The PSP number is a unique number which provides us access to the computer system. Please provide this number whenever possible. **Please fax to: 1-204-773-2411.**

FULL NAME OF TEACHER (include previous name)	IDENTIFICATION
	PSP No. _____ S.I.N. _____ Cert. No. _____ DOB _____
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	PSP No. _____ S.I.N. _____ Cert. No. _____ DOB _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Division/District No.

Name:

Fax No.: