Mid-Valley Special Education Cooperative
Dr. Carla Cumblad, Executive Director
1304 Ronzheimer Avenue
St. Charles, IL 60174
Phone: 331-228-4873
Fax: 331-228-4874

Verification of Previous Experience

In the near future, I will begin working for Mid-Valley Special Education Cooperative in St. Charles, IL. Please review and verify the following employment related information is correct, and return this form to the Human Resources Department at the address below.

I hereby authorize you as my former employer to release any and all information regarding the following items, release you from all liability for doing so, and hold you harmless for providing factual information about my previous employment.

_____ _____
Employee Signature Date

Name: _____
Last **First** **MI**

Social Security Number: _____-_____-_____

Job Title: _____

Name of Former Employee: _____

Address: _____

Dates of Employment: _____**to**_____ ☐ **Full-Time** ☐ **Part-Time**

☐ Yes, all of the information shown above is correct.
☐ No, some of the information shown above is incorrect. Briefly comment upon the information that does not correspond with what appears in your records. _____
_____
_____

_____ _____
Name of Representative Title

_____ _____
Signature Date

Please return completed form to:
Mid-Valley Special Education Cooperative
1304 Ronzheimer
St. Charles, IL 60174
(Fax) 331-228-4874