Id #:



Public School Off-Site Records Verification This form can be used to verify staff records that are stored off-site from the public school program.

Staff Dagarda

Name of School:		Date Complete	d:
and may be stored in anApplication for Er	off-site location.	d for all staff members in the public	school program
 Annual Health Qu Documentation of Criminal Record Q Credential/Equiva 	estionnaires Orientation Check Verification		
		ipt Statement	
Child Development and E	Early Education to view when	nade available for a representative from the requested. All representatives from the intain confidentiality of all information	he Division of Child
Please list the name of eath		our program on the back of this shee	et then complete
The records for the staff li	isted on the back of this form	are located at:	
Addre	ess:		
Person Responsible Maintaining Reco			
Contact Phone Numb	oer:		
Best Time to Rea	ch:		
Office Hou	ırs:		
licensed program are	on file, contain the appr es and are available for i	re required records for all staff we repriate information, maintained review by Division of Child Deve	d to be current

Date Verified

Id #:

Signature of Principal or Designee

Please list below the first initial and last name of each staff member currently working in your program.

Name of Employee	Date of Employment