



**INTERDISTRICT ATTENDANCE PERMIT  
VERIFICATION OF EMPLOYMENT**

To: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Name of School District

To Whom It May Concern: \_\_\_\_\_, has requested an Interdistrict Attendance  
Name of Applicant/Employee – Please Print

Permit for his/her student(s), \_\_\_\_\_ for the 20\_\_ - \_\_  
Student(s) Name – Please Print

School year.

In order to complete the application, employment verification is required.

**I authorize the release of information regarding the verification of my employment.**

\_\_\_\_\_  
Signature of Applicant/Employee Date

**FOR SCHOOL DISTRICT USE ONLY (Employer)  
Personnel Department**

I hereby certify that \_\_\_\_\_ is employed by the  
Name of Employee – Please Print

\_\_\_\_\_, \_\_\_\_\_  
Name of School District Address / City / Zip

Part Time  Full Time  Regular Employee  Substitute Employee

No. of Hours per Day: \_\_\_\_\_ No. of Days per Week: \_\_\_\_\_

Position Held	Start Date	Length of Service

\_\_\_\_\_  
Authorized Signature Telephone Number / Extension

\_\_\_\_\_  
Title Date