

## **Education Center**

1401 North Handy Street ● Orange, CA 92867-4334 714-628-5424 ● 714-628-4061 (Fax) www.orangeusd.org

## STUDENT AND COMMUNITY SERVICES

## **WORK VERIFICATION** Please type or print

I,	, being the natural mother/father or legal	, being the natural mother/father or legal guardian of:	
	, Date of Birth:		
Name of Child			
Name of Child	, Date of Birth:		
	, Date of Birth:		
Name of Child  Do hereby declare that I am	pplying for a student transfer from		
Do hereby decrare that I am a	(Name of School	ol)	
which is located in the Orang	e Unified School District to		
	(Name of School	,	
in the	School District because I a	am employed at	
(Name of District)			
(Name of Business)	(Address) (City) (Phone # include a	area code)	
Which is located in the	District's att	endance area.	
(N	ame of School District)		
Check the supporting docum	ent:		
A verification letter	signed by my employer on company letterhead with	address.	
My employer has s	gned below, verifying my employment.		
	guardian employment that are approved must be rener time, the parental/guardian employment ceases, the		
By signing below, I declare us the information contained he	nder penalty of perjury under the laws of the State of rein is true and correct.	f California tha	
Parent/Guardian Signature _	Date:		
Authorized Employer's Sign	nture Date:		
Title:			