

[Date]

[Recipient Name/Department]

[Organization Name]

[Street Address]

[City, State, Zip Code]

Subject: Verification of State Teaching Credential

To Whom It May Concern,

This letter is to officially verify the teaching credential status of the following educator:

- **Full Name:** [Educator Full Name]
- **Credential Number:** [License/Credential Number]
- **Date of Birth:** [Date of Birth]
- **Last Four Digits of SSN:** [Optional - XXX-XX-0000]

Our records indicate that [Educator Name] holds the following certification(s) in the State of [State Name]:

Credential Type: [e.g., Single Subject, Multiple Subject, Professional Clear]

Subject Area(s): [e.g., Mathematics, English, Elementary Education]

Effective Date: [Start Date]

Expiration Date: [End Date]

The current status of this credential is [**Active/Valid/Expired**]. As of the date of this letter, there are no pending disciplinary actions or restrictions against this individual's license.

If you require further information or specific documentation regarding this educator's professional history, please contact our office at [Phone Number] or visit our online verification portal at [Website URL].

Sincerely,

[Authorized Signature]

[Printed Name]

[Title/Position]

[State Board of Education/Credentialing Agency Name]