



SCHOOL VERIFICATION FORM

INSTRUCTIONS: This form is required to participate in the student employment programs and must be signed by an authorized school official. Fax completed form to 404-471-2998.

PART I Completed by the student. Vacancy ID # _____

PART II Completed by the school official.

PART III Completed by the CDC human resources office.

PART I: COMPLETED BY STUDENT

I understand that as a condition for student employment with CDC/ATSDR, **I have been accepted for enrollment, or am enrolled, as a degree (diploma, certificate, etc.) seeking student in an accredited high school, technical or vocational school, 2-year or 4-year college or university, graduate or professional school. I am taking or will take at least a half-time academic/vocational/ or technical course load.** The definition of half-time is the definition provided by the school in which I am enrolled. In addition, I understand that it is my responsibility to immediately notify my supervisor at CDC/ATSDR if at any time I am no longer enrolled in school.

Note: Students graduating during the current academic year must provide documentation of enrollment in the upcoming summer or fall session.

Print Student's Name

Student's ID Number

Student's Signature

Date Signed

PART II: COMPLETED BY AUTHORIZED SCHOOL OFFICIAL. FAX TO 404-471-2998.

I certify that the student named above is enrolled or has been accepted for enrollment at this school as a degree seeking student taking at least a half-time course load and has an acceptable academic standing.

Name of School

Anticipated Date of Graduation

Mailing Address

Authorized Signature

Title

Telephone Number

E-Mail Address

Date Signed

DO NOT WRITE BELOW THIS LINE

PART III: CDC/ATSDR VERIFICATION

By: _____

Date: _____