



# Verification of Service

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
Fax: (907) 465-3086



**I. PERSONAL DATA (to be completed by teacher)**

**ATTN:** \_\_\_\_\_

Name	Last	First	M.I.	Prior	Social Security Number	<b>INSTRUCTIONS</b> This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Teachers' Retirement System (TRS) at the above address. <b>LIST CHRONOLOGICALLY EACH SCHOOL YEAR</b> of teaching service rendered under your jurisdiction by the applicant. Return to the employee for concurrence/review. Employee should submit all verifications at one time to the TRS.
Mailing Address	Street	City	State	ZIP+4		
Name Under Which Service Was Rendered (if different from above)					Telephone Number	

**II. TEACHING EXPERIENCE (to be completed by responsible school official)**

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE OF SCHOOL	*2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	*3 ACTUAL DAYS SERVED	*4 HOURS PER DAY EMPLOYED	POSITION HELD	*5 TEACHING CERTIFICATE REQUIRED				*6 ACADEMIC STANDING	
BEGINNING DATE	Ending Date			YES	NO					YES	NO	YES	NO	FULL TIME	PART TIME
July 1, _____	June 30, _____														
July 1, _____	June 30, _____														
July 1, _____	June 30, _____														
July 1, _____	June 30, _____														
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