



## 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 770-488-1979.

- PART I Completed by the student.  
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 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.

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Print Student's Name

Student's ID Number

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Student's Signature

Date Signed

### PART II: COMPLETED BY AUTHORIZED SCHOOL OFFICIAL. FAX TO 770-488-1979.

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.

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Name of School

Anticipated Date of Graduation

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Mailing Address

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Authorized Signature

Title

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Telephone Number

E-Mail Address

Date Signed

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**DO NOT WRITE BELOW THIS LINE**

### PART III: CDC/ATSDR VERIFICATION

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By:

Date: