**Years of Educational Experience Verification Letter – NJEXCEL Models 2/3**

This letter must be composed on official school district letterhead.

It must be from and include the **original signature** of the Superintendent, Assistant Superintendent or Director of Human Resources/Personnel.

**Scans or copies cannot be accepted.**

Thank you.

**ORIGINAL DISTRICT LETTERHEAD**

**DATE**

Mrs. Angelina Martino Finnegan

Director of School Leadership Programs

Foundation for Educational Administration

12 Centre Drive

Monroe Township, NJ 08831-1564

Dear Mrs. Finnegan:

This letter will confirm that **NAME OF CANDIDATE** has successfully completed **TOTAL # YEARS** of full-time experience as **a teacher and/or educational specialist (PLEASE SPECIFY ROLE)** under a valid New Jersey teacher/educational services certificate while employed in **DISTRICT NAME** from **DATE to DATE**.

Sincerely,

**NAME, TITLE AND ORIGINAL SIGNATURE**