



# VERIFICATION OF ACADEMIC SERVICE AS COLLEGE INSTRUCTOR

DOE OHR 700-008

Last Revised: 09/26/2017

Former DOE Form(s): N/A

DEPARTMENT OF EDUCATION

Office of Talent Management

EQ Section

P.O. Box 2360 Honolulu, HI 96804

## I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

Current School: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(last four)

## II. REQUESTOR AUTHORIZATION

I hereby authorize the release of the following information regarding my employment with your institution to the State of Hawaii, Department of Education.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## III. TO BE COMPLETED BY VERIFYING STATE EDUCATION AGENCY

I certify that the above named person provided the following services for our institution:

Description of Services Provided	Position Title	Subject Taught	Date Started	Date Ended

Signature of Education Official: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Print Name of Education Official: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of return via email to: **hqt@k12.hi.us**

Alternative method of return via mail to: **Department of Education  
Office of Talent Management  
EQ Section  
P.O. Box 2360  
Honolulu, HI 96804**