

## VERIFICATION OF A HIGHLY QUALIFIED SUBJECT AREA CONTENT TEST

*Fill in the information above the broken line. Please print or type.*

last name	first name	middle name	maiden name
street address	city	state	zip code
social security number	date of birth (month, day, year)		

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**TO THE STATE EDUCATION AGENCY OR SCHOOL DISTRICT NCLB OFFICER:**

*Please complete the information below that applies to the above-named Florida teacher and return the form to the Florida School District Certification Office as indicated below.*

The applicant is highly qualified in \_\_\_\_\_  
[subject area(s) & level(s)]  
\_\_\_\_\_ based on having passed a subject area  
content test appropriate for each subject area indicated.

\_\_\_\_\_  
Verifying Officer & Title (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

**RETURN FORM TO:**

\_\_\_\_\_  
Dawn Ramirez, Fax: 850-469-6332  
Florida School District Certification Officer

\_\_\_\_\_  
Escambia County School District  
School District

\_\_\_\_\_  
75 North Pace Boulevard  
Address

\_\_\_\_\_  
Pensacola, Florida 32505  
City, State, Zip Code