

No Excuses University Teacher Verification Letter

Revised Date 3/1/2021

NEU School Information

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date: _____

Teacher Information

First Name: _____ Last Name: _____

Principal Verification

To whom it may concern:

This letter is to certify that the individual named above is a parent or legal guardian of a current student at

_____ (school name).

Printed Name of School Principal: _____

Signature of School Principal: _____