



Verification of Career Investigation

This form must be submitted to the principal or designee no later than **3** days after the first day the student returns to school.

Student's Name (*print*): _____

Student's current grade-level classification (*check only one*):

☐

Junior

☐

Senior

Date(s) attended: _____

Please have a company representative complete this section.

Name of Workplace Visited: _____

Name of Employee Representative (*print*): _____

Signature of Employee: _____

Title of Employee: _____

Address of Workplace: _____

Phone Number of Workplace: _____

For Office Use Only

Principal or designee's signature: _____

Date: _____