



Department of
Education
Registrar—Teacher
Certification

PO Box 578
Halifax, Nova Scotia
B3J 2S9

Bus: 902 424-6620
Fax: 902 424-3814

Our File Number:

Professional/File Ref.Number: _____

Please print all information clearly.

Record of Teaching Service Form

Full Name: _____

Address: _____

Postal Code: _____

Destination #1: _____

Postal Code: _____

Destination # 2: _____

Postal Code: _____

I hereby request and authorize the Registrar's Office to provide a Record of Teaching Service to the indicated destination(s).

Signature: _____