

[School Letterhead or Date]

U.S. Department of Education  
Teacher Loan Forgiveness Program

**Subject: Employment Certification for Teacher Loan Forgiveness**

To Whom It May Concern,

This letter serves to certify the employment and teaching service of [Teacher's Full Name] for the purpose of the Teacher Loan Forgiveness Program.

Our records confirm the following employment details:

- **Employee Name:** [Teacher's Full Name]
- **Social Security Number (Last 4 digits):** [XXX-XX-XXXX]
- **School Name:** [Name of School]
- **School District:** [Name of District]
- **Employment Start Date:** [MM/DD/YYYY]
- **Employment End Date:** [MM/DD/YYYY or "Present"]
- **Position Title:** [Full-time Teacher]
- **Subject Area(s) Taught:** [e.g., Mathematics, Special Education, Science]

I certify that for the academic years listed above, the teacher was employed as a full-time teacher in a school or educational service agency that qualifies as a low-income school under the Teacher Cancellation Low Income (TCLI) Directory.

Furthermore, I confirm that the applicant has completed five (5) consecutive, complete academic years of teaching service and has performed their duties in a highly qualified manner as defined by the program requirements.

If you require any further information or documentation, please contact the administrative office at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Print Name of Authorized Official]  
[Title of Authorized Official, e.g., Principal or Superintendent]  
[School/District Name]  
[Date Signed]