PUPIL ACCOUNTING ELECTRONIC TEACHER VERFICATION AFFIDAVIT

This document must be provided to the pupil accounting auditor with actual signatures, signed in ink (not typed) and dated. All yellow boxes must be completed.

Week of:			
COUNT DATE: District Name: Building Name:			
I HEREBY CERTIFY THAT OUR ELECTRONIC ATTENDANCE RECORDS IN OUR STUDENT			
	TRUE, ACCURATE, AND UP-TO-DATE.		
PRINT NAME	FULL LEGAL SIGNATURE	DATE	
