

**TIME+SPACE TEACHER VERIFICATION FORM**

Please complete this sheet in full to order any Time+Space products at the discounted academic price. The form must be countersigned by your college/university, with their daytime phone number provided where indicated, otherwise the form will not be valid.

**I hereby confirm that I am currently a FULL TIME teacher and that the Time+Space product(s) that I am buying are for my exclusive use.**

Name: \_\_\_\_\_

Course(s): \_\_\_\_\_

Address (personal): \_\_\_\_\_

\_\_\_\_\_

Tel (day): \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The next part of this form must be countersigned by a senior member of staff at your local college/university, e.g. Head of Music Dept or Bursar

**I hereby confirm that the above is a FULL TIME teacher at this institution and is to the best of my knowledge purchasing these Time+Space product(s) for his/her exclusive use**

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Job Title: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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