

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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