

EDUCATION VERIFICATION REQUEST

I authorize _____, its agents, and the below named educational institutions to conduct a verification of my educational record information as indicated below. I understand that misrepresentations or material omission of any facts is cause for dismissal, whenever such falsification is discovered. I release all persons involved in this search from liability or damages incurred as a result of this inquiry and furnishing this information.

APPLICANT SIGNATURE _____

PRINT NAME _____

SOCIAL SECURITY NUMBER _____

(Most recent)

CITY/STATE: _____

DEGREE(S) EARNED AND YEAR(S) OBTAINED: _____

EDUCATIONAL INSTITUTION: _____

(SECOND MOST RECENT)

CITY/STATE: _____

DEGREE(S) EARNED AND YEAR(S) OBTAINED: _____

OTHER: _____

