
Education Verification Consent

Academic Record Holder First Name: _____

Academic Record Holder Last Name: _____

Academic Record Holder Name While Attending School: _____

Name of School: _____ Location of School: _____

Diploma or Degree Received: _____

Date Graduated/Degree Received: _____

Dates Attended: From: _____ To: _____

Birth Date: _____ Address: _____ City: _____

State: _____ Postal Code: _____

Purpose of this Disclosure: Employment

CICS Employment Services is authorized to request verification of my College Degree / High School Diploma / High School Equivalency / Accreditation / or any other information regarding my educational background. My signature attests to the authorization.

I understand that my report may be used for employment purposes. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

I certify under penalty of law that I am the individual identified in this written consent form and I am 18 year or older.

Signature: _____

Date: _____

I certify under penalty of law that I am the parent / guardian of an individual under the age of 18 and I am authorized to make this request.

Signature: _____

Date: _____