

Please note, we are only able to perform verifications for degrees which have been conferred by higher education institutions located in the US.

First Name _____ Middle Name _____ Last Name _____

Home Phone _____ Cell Phone _____ E-mail _____

Last Four Digits of Social Security # _____ Date of Birth / /
mm dd yyyy

Academic Credentials

Name Listed on Academic Record _____

Degree Earned _____ Date Earned _____

Name of College/University _____

City and State of College/University _____

Name Listed on Academic Record _____

Degree Earned _____ Date Earned _____

Name of College/University _____

City and State of College/University _____

Name Listed on Academic Record _____

Degree Earned _____ Date Earned _____

Name of College/University _____

City and State of College/University _____

Authorization to Conduct Education Verification: By signing below, I authorize Viewpoint Screening to verify any information contained in this form. I thus authorize any administrator, state or federal agency, institution, school or university, or information service bureau to furnish any and all information requested by Viewpoint Screening regarding my academic record. Furthermore, if I elect to sign this document electronically, I understand that this is the equivalent of an original signature and carries the same permissions as one in writing.

Signature _____ Date _____