

# Education and Credentials Verification Form

Directions: Please fill out this form completely. This document will be used to verify your educational background and professional credentials. Print the completed form for submission.

## 1. Applicant Personal Information

Full Name (Last, First, Middle):	<input type="text"/>
Former / Maiden Names (if applicable):	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Current Mailing Address:	<input type="text"/>

## 2. Higher Education History

### Institution 1 (Highest Degree Earned)

Name of Institution:	<input type="text"/>
City, State, Country:	<input type="text"/>
Degree Obtained (e.g., BA, BS, MS, PhD):	<input type="text"/>
Major / Field of Study:	<input type="text"/>
Dates of Attendance (From - To):	<input type="text"/>
Graduation Year:	<input type="text"/>

### Institution 2

Name of Institution:	<input type="text"/>
City, State, Country:	<input type="text"/>
Degree Obtained:	<input type="text"/>
Major / Field of Study:	<input type="text"/>
Dates of Attendance (From - To):	<input type="text"/>
Graduation Year:	<input type="text"/>

## 3. Professional Licenses and Credentials

### Credential 1

License / Certification Title:	<input type="text"/>
Issuing Authority / State Board:	<input type="text"/>
License / Certification Number:	<input type="text"/>
Issue Date (MM/DD/YYYY):	<input type="text"/>
Expiration Date (MM/DD/YYYY):	<input type="text"/>

### Credential 2

License / Certification Title:	<input type="text"/>
Issuing Authority / State Board:	<input type="text"/>

License / Certification Number:

Issue Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

#### **4. Authorization and Signature**

I hereby certify that all information provided on this form is true, complete, and accurate. I authorize the verifying agency or employer to contact the institutions and licensing bodies listed above to verify my education, degrees, and professional credentials.

Applicant Signature (Write or Sign):

Date Signed (MM/DD/YYYY):