

EDUCATION RELEASE FORM

Signing the disclosure statement below allows us to verify your education and degree information with the college you attended. **Reference information is always kept in the strictest professional confidence.**

Please provide us with the information listed below.

DISCLOSURE STATEMENT

I understand that _____ may conduct education/degree verification. I hereby acknowledge that I have read and understand this statement, and hereby authorize _____ to obtain the information as described above.

Name (please print) _____

Address _____

City, State, Zip _____

Phone (day) _____ **Evening** _____

Personal e-mail _____

Signature _____ **Date** _____

School/College Attended _____

Dates of Attendance _____

Phone # of School/College _____

Major _____

Degree Received _____