



As part of the credentialing process, it is necessary to verify educational credentials. Please provide the following information.

EMPLOYEE'S NAME	
UNIVERSITY / PROGRAM ATTENDED	
UNIVERSITY ADDRESS	
DEGREE / CERTIFICATION	DATE EDUCATION COMPLETED
SSN	DATE OF BIRTH

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is correct, complete and made in good faith. I understand that any information I give may be investigated.

Employee's Signature

date

Office Use Only

DATE OF VERIFICATION
DEGREE / CERTIFICATION VERIFIED
SOURCE OF VERIFICATION
VERIFICATION COMPLETED BY: