

Company Name: DIOCESE OF SE FLORIDA

MEMBER #: P5030970-1561

## EDUCATION VERIFICATION REQUEST

I authorize, the Diocese of Southeast Florida, its agents, and the below named educational institutions to conduct a verification of my educational record information as indicated below. I understand that misrepresentations or material omission of any facts is cause for dismissal. whenever such falsification is discovered. I release all persons involved in this search from liability or damages incurred as a result of this inquiry and furnishing this information.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

### **Verification #1 (Most recent):**

Educational Institution: \_\_\_\_\_

City / State/Zip Code: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### **Verification #2**

Name of Educational Institution: \_\_\_\_\_

Institution Location: City/State/Zip Code: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_