Melmark

Education Verification Form

Name:
Social Security Number:
Date of Birth:

Please list the college or university from which you received highest level of education.

Name of School	Office of the Registrar Address	Credits Earned	Degree to be Obtained

Release of Education Information Consent Form

I hereby authorize Melmark to contact the Institution listed on my application for employment or Curriculum Vitae to verify my attendance and degree status.

Name: _____ Date: _____

Signature: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

To be completed by the University or College
Please check one of the following boxes:

	I certify that the above information is correct.
	The following information is incorrect. (Please note the correct information)
	The following individual was not a student at our school.

Signature: _____ Date: _____

Title: _____

Notes:

Please fax the completed form to Sarah Smith at 610-325-2920.