



EDUCATION/CREDENTIAL VERIFICATION Authorization Form

NAME: _____

NAME WHILE ATTENDING SCHOOL: _____

S.S. #: _____ - _____ - _____

D.O.B.: ____/____/____

NAME OF SCHOOL: _____

LOCATION: _____

DIPLOMA OR DEGREE RECEIVED: _____

(Only diplomas, degrees or other credentials are verifiable. Please do not list schools or classes if no credential was awarded.)

DATES ATTENDED: _____ to _____

DATE GRADUATED/DEGREE RECEIVED: _____

You are hereby authorized, without reservation, to release to CICS Employment Services or its agents all information regarding my educational background. I understand that my report may be used for employment purposes. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

Signed

Date

CICS Employment Services, Inc.
 Phone: 1-800-660-0507 Fax: 1-888-247-3683 Web: www.cicsecurity.com