

**Release of Education Information Consent Form**

I hereby authorize \_\_\_\_\_  
and their authorized agents to contact my past employers and the  
Educational Institution(s) I attended to verify my work history and past  
attendance and degree status.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Educational Institutions Attended**  
**Please List School & Degree Earned & Year of Graduation**

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