

AUTHORIZATION AND RELEASE

Education Degree/Enrollment Verification & Professional Licenses

I, _____ hereby authorize Check-M-Out Security Services & Investigations, LLC. To conduct an education search to verify any enrollment and/or degrees which I have obtained as well as to verify all academics and/or licenses which may be listed below.

Please fax this completed release form to (201)760-8821 or mail to Check-M-Out Security Services & Investigations, LLC., P.O. BOX 101, Wyckoff, N.J. 07481-9998.

I further understand that any information obtained by Check-M-out Security Services & Investigations LLC. will not be used in violation of any federal or state discrimination law or regulation.

NAME: _____

PLEASE USE NAME AT THE TIME OF ATTENDANCE

DATE OF BIRTH: _____ **SS#** _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

MAJOR: _____

FOR SCHOOL USE ONLY

DATE OF DEGREE OR AWARD: _____

DEGREE TITLE: _____

PROFESSIONAL LICENSE (if needed) _____

Employee/Applicant Signature:

DATE:
