



## Release of Information for Degree/Education Verification

### INSTRUCTIONS TO THE HIRING DEPARTMENT:

This form is used by Human Resources as authorization to obtain verification of degree(s) and/or licensure on the applicant/employee, as specified below.

- 1) Complete the hiring department/college information.
- 2) Have the applicant/employee complete the applicant section (including the signature) and return to the hiring department using a secure method (fax or encrypted email).
- 3) Upload the completed, signed form to the secure document server for processing.
- 4) Once the degree has been verified, this form can be destroyed. It is not required to be maintained in any file.

### TO BE COMPLETED BY THE CANDIDATE/APPLICANT:

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*To be used solely for the purpose of conducting degree/license verifications

### TO BE COMPLETED BY THE CANDIDATE/APPLICANT DEGREE (UNDERGRADATE AND GRADUATE) AND LICENSURE INFORMATION:

<i>First Degree/license</i>	<i>Field in which degree, license, or certification was awarded</i>	<i>Date awarded</i>
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<i>Name of institution/entity</i>	<i>Location of institution/entity</i>
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*Your name while at institution, if different from above*

<i>Second Degree/license</i>	<i>Field in which degree, license, or certification was awarded</i>	<i>Date awarded</i>
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<i>Name of institution/entity</i>	<i>Location of institution/entity</i>
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*Your name while at institution, if different from above*

<i>Third Degree/license</i>	<i>Field in which degree, license, or certification was awarded</i>	<i>Date awarded</i>
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Name of institution/entity

Location of institution/entity

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Your name while at institution, if different from above

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Clínica Esperanza/Hope Clinic (CEHC) and its agent, at any time during my application process and/or employment or volunteering, to conduct and investigative consumer report that may include, but not be limited to, a criminal record check, employment, education, licensure, registration and certification verifications, verifications of personal reference and reputation and driving record. I do hereby consent and authorize CEHC and its agent to use any information provided on this form or during the application process in performing the investigative consumer report. I have been informed that I have the right to review and challenge any negative information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify, and hold harmless CEHC, and any consumer reporting agency used by CEHC with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address, and telephone number of the consumer reporting agency and a copy of the consumer report prior to any adverse action based in a whole or in part on information contained in the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force, and effect as the original. I hereby certify that all information provided in this authorization and release form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that grounds for termination of current employment or cancellation of any and all offers of employment are at the discretion of CEHC.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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