

Education Verification Form or Transcript Request

Student Name
Address
Address
City
State
Zip
Phone #
Social Security
Birth Date
Date of Graduation
School Name

**Does the student give permission to release there education information
to the school / company below ? Yes / No**

Student Signature / Date

School / Company requesting information

Name
Address
Address
City
State
Zip
Phone #
Fax #

Mail the following originals; (check all those that apply)

Diploma
Transcript

<input type="checkbox"/>
<input type="checkbox"/>

Mail the following copies; (check all those that apply)

Diploma
Transcript

<input type="checkbox"/>
<input type="checkbox"/>

Fax the following; (check all those that apply)

Diploma
Transcript

<input type="checkbox"/>
<input type="checkbox"/>

**To who's
attention ?**

Please fax this form to Teri Tout at 817-616-3016.