



VERIFICATION OF EDUCATIONAL DATA

Applicant: Please complete a separate form for each educational institution listed on your Employment Application. Do not fill in the bottom half of the form, which is reserved for the institution's use.

To: (Name of Institution) From: Houston Area Community Services, Inc. 2150 West 18th Street, Suite 300 Houston, Texas 77008

Name of Applicant: Applicant's Social Security Number:

I voluntarily give Houston Area Community Services, Inc. the right to investigate my past and/or present educational background and release from all liability or responsibility by all persons, companies, or organizations supplying said information under all applicable federal, state, and local laws.

Applicant Signature: Date:

APPLICANT: Stop here. Do not fill in any of the form below.

For Educational Institutional Use Only: VERIFICATION OF EDUCATIONAL DATA

Applicant's Dates of Attendance:

Degree(s) Awarded: Date(s) Awarded: Degree(s) Awarded (example: BA, BS, MPH): Yes No

Signature of Preparer Title (Please print or type) Date

Printed/Typed Name of Preparer Phone Number (extension)

Thank you for your assistance! We would be glad to reciprocate to the fullest extent allowed by our policies.

2150 West 18th Street, Suite 300 Houston, Texas 77008

Phone: 832 384 1387 Fax: 713 979 3651