



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.

REQUEST FOR VERIFICATION OF EDUCATIONAL DATA

To: (Name of Institution)	From: Houston Area Community Services, Inc. 3730 Kirby Drive, Suite 820 Houston, Texas 77098
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Name of Applicant:	Applicant's Social Security Number:
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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:
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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:	
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Degree(s) Awarded: Yes No	Date(s) Awarded:	Degree(s) Awarded (example: BA, BS, MPH):
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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.

3730 Kirby Drive, Suite 820
Houston, Texas 77098

Phone: 713 526 0555
Fax: 713 526 1422