

PATHWAYS, INC.

ACADEMIC CREDENTIAL VERIFICATION

Applicants, please complete only the top half of this form. Records Office, please complete the bottom half of this form.

University/College: _____

Street Address : _____

City, State, & Zip : _____

Phone Number : _____

Dates of Attendance : _____

AUTHORIZATION: I give my consent for you to release the requested information pertaining to my academic credentials to Pathways, Inc.

Applicant's Signature

Date

Applicant's Printed Name

Maiden Name/Alias

Social Security Number

Dear Records Office:

The following information is requested in reference to the above mentioned individual who has applied to us for employment.

1. Dates of attendance: _____ to _____
2. Major: _____
3. Date of graduation: _____
4. Degree conferred: _____
5. If applicant did not graduate, how many credits did he/she earn? _____

Signature/Title

Date