

Education Verification

Applicant Name: Date:

Educator Name:

Please return form to: Fax Number:

To whom it may concern:

The applicant named above has applied to First Assist for employment and has furnished your name as a reference. Please note the Authorization and Release signed by the applicant below and provide us with the answers to the following questions. Your prompt response is appreciated.

1. Dates Attended:

2. Degree/Certificate Received? Please check one: Yes No Type:

3. Additional comments:

Signed By

Date

Printed Name:

Title:

Authorization and Release by Applicant: I am applying for employment with First Assist, Inc. I hereby request and authorize the reference named above to answer all questions that may be asked, and to provide all information that may be requested by First Assist, Inc. in connection with my application. I HEREBY EXPRESSLY RELEASE THE REFERENCE NAMED ABOVE FROM ANY AND ALL LIABILITY OF WHATEVER KIND AND NATURE WHICH, AT ANY TIME, MAY RESULT FROM PROVIDING THE REQUESTED INFORMATION.

Signed By

Date