

EDUCATION VERIFICATION CONSENT REQUEST FORM

Please complete this form in order to obtain an Education Verification. Education references can only be requested upon completion of this form. References may take 5 to 10 working days to be completed from submission of correct details.

University Name	
Student Name (Your full name as shown on your certificate)	
Maiden Name (If applicable)	
Date of Birth	
Student Number (If known)	

Please complete your qualification details below.

TO VERIFY	DETAILS OF QUALIFICATION	Requesting
Qualification (For example, 'Bachelor of Science')		✓
Subject (For example, 'Accounting and Finance')		✓
Dates Attended (For example, 'September 2011 to June 2014')		✓
Date of Award (For example, 'June 2014')		✓
Classification (For example, 'Second-class honors, upper division - 2:1')		✓

I give my consent for the university to release the above education details to The Apostille Service.

Students Signature: _____

Date: _____