

**AUTHORIZATION AND RELEASE**

*Education Degree/Enrollment Verification & Professional Licenses*

I, \_\_\_\_\_ hereby authorize Check-M-Out Security Services & Investigations LLC. to conduct an education search to verify any enrollment and/or degrees which I have obtained as well as to verify all academics and/or licenses which may be listed below.

Please fax this completed release form to (973)403-8197 or mail to Check-M-Out Security Services & Investigations, LLC., 47 Bloomfield Ave., Caldwell, NJ 07006.

I further understand that any information obtained by Check-M-out Security Services & Investigations LLC. will not be used in violation of any federal or state discrimination law or regulation.

**NAME:** \_\_\_\_\_

PLEASE USE NAME AT THE TIME OF ATTENDANCE

**DATE OF BIRTH:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**NAME OF SCHOOL:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**FOR SCHOOL USE ONLY**

**DATE OF DEGREE OR AWARD:** \_\_\_\_\_

**DEGREE TITLE:** \_\_\_\_\_

PROFESSIONAL LICENSE (if needed) \_\_\_\_\_

**Employee/Applicant Signature:**

**DATE:**

\_\_\_\_\_