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	
Maiden Name (If applicable)	
Date of Birth	
Student Number (If known)	

Please complete your qualification details below.

TO VERIFY	DETAILS AS PER STUDENT	Requesting
Qualification		\checkmark
Subject		\checkmark
Dates Attended		\checkmark
Date of Award		\checkmark
Classification		\checkmark

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

Students Signature _____

Date _____

(Failure to provide correct information may result in your education verification not being completed)