

Authorization To Verify Degrees

I authorize the **ARDENT SEARCH COMPANY** to verify educational degrees related to my candidacy for a search assignment. I have provided the information necessary to conduct this verification.

Signature: _____

Social Security # _____

Please Print Name: _____

Maiden Name: _____

(please include your full middle name for exact identification purposes)

Date of Birth : _____

YEAR GRANTED	DEGREE EARNED	SCHOOL	MAJOR	LOCATION City & State

Please list any professional certifications (i.e., C.P.A., Attorney, P.E., etc.)

CERTIFICATION	STATE	DATE ISSUED	CURRENT: Indicate yes or no