



Client Code: \_\_\_\_\_

310 State Highway 325  
Blairsville, GA 30512  
706-835-1831 (phone)  
877-246-5059 (fax)

[info@factsondemand.com](mailto:info@factsondemand.com)

### Education Verification

\*Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

\*Name used when attending school below, if different: \_\_\_\_\_

\*School Name: \_\_\_\_\_

\*School's Address: \_\_\_\_\_ \*City & State: \_\_\_\_\_

\*School's Phone #: \_\_\_\_\_

\*Dates Attended: \_\_\_\_\_ thru \_\_\_\_\_

\*Did you graduate?  Yes  No (If yes, please continue.)

\*Degree/Major: \_\_\_\_\_

\*Graduation Date: \_\_\_\_\_

**\*\*SIGNATURE OF APPLICANT\*\*** By signing below, I give full consent to verify all above information, which includes releasing my school records, employee records, and other personal information relating to these verifications. I do hereby release, hold harmless and indemnify all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies. I certify that all information provided is truthful, accurate and provided voluntarily.

X \_\_\_\_\_

**\*Verification will not be attempted unless ALL fields are complete\***