



Education, Certification and/or License Verification Request

EMPLOYEE INFORMATION

Employee's Name: _____ Employee ID: _____
Department/Division: _____ Social Security #: _____ Date of Birth: _____
Street Address: _____ Apt: _____
City: _____ State: _____ Zip Code: _____

EDUCATION INFORMATION

Level of Education to be Verified (Attach a copy of the Diploma/Degree)

High School Diploma Associate Degree Bachelor Degree Master Degree
Doctorate Degree Other: _____

Name of Institution: _____ Year Attained: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Name at time of attendance: _____

LICENSE / CERTIFICATION INFORMATION

License/Certification Type: _____ License Number: _____
Credentialing Agency: _____ Issue Date: _____

RELEASE OF INFORMATION WAIVER

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning my education history. Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with Orange County Government. A photographic or faxed copy of this form shall be as valid as the original.

Signature: _____
(Applicant will sign in the presence of a Notary Public)

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscriber before me on this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public

☐ Personally Known

☐ Produced Identification

Type of ID (Check one):

☐ State issued driver's license or ID

☐ Passport

☐ US Military ID

☐ Green Card

Send verification results to: _____ (HR Representative Name)