

Acadia Workforce, Inc

EDUCATION VERIFICATION

The employee candidate named below has applied for a position with the Acadia Workforce, Inc, We would appreciate your assistance in verifying education history.

First Name: _____ Last: _____ Middle Name: _____

Current Address: _____ Apt#: _____ City: _____

State: _____ Zip: _____ Name Graduated Under: _____

Social Security Number: _____ Date of Birth: _____

Institution Name: _____

Institution Address: _____ City: _____ State: _____

Phone: _____ Registrars Fax number: _____

Degree obtained: _____ Graduation Date: _____

I, _____, certify that the information I have provided is correct and authorize previous, education entities to release the necessary information to Acadia Workforce, Inc for verification purposes. By my electronic or written signature below it allows this document to be legally binding.

Signature: _____ Date: _____

*****EDUCATIONAL INSTITUTION INFORMATION BELOW*****

Degree Obtained _____ Date of Graduation: _____

Years attended: _____ Through: _____

Records Verified by: _____ Title: _____
Signature

Printed Name: _____ Date: _____

Please complete then return via:

Fax to: 800-331-1531 and/or 866-289-3893

Email scanned copy to: staff@acadiaworkforce.com

Mail to: Acadia Workforce, Inc
PO. Box 446
Round Rock, Texas 78680-0446

Thank you for your time and assistance
Ph. 800-331-1531