

EDUCATION VERIFICATION

The employee candidate named below has applied for a position with the Clinical Staff Support, Inc. and or Nursing Group, 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 Nursing Group for verification purposes. By my electronic 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

**And**

**Mail to:** Nursing Group  
PO. Box 446  
Round Rock, Texas 78680-0446

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