

**Degree verification authorization**

I hereby consent to **Verifdiploma** or its authorized service providers to contact the institution(s) written below or in my curriculum vitae in order to verify my educational, professional and/or academic degree(s) and diploma(s). Such institution(s) may release to **Verifdiploma** and/or its authorized agents any information concerning my attendance at and/or graduation from the institution(s). I hereby release the institution(s) from any liability and responsibility for loss that may result from the degree verification.

Educational institution(s)	Degree(s)	Date(s) of attendance
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Signature	Printed Name	Date
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