

Education Verification Consent Request Form

Please use this form in order to obtain an Education Verification. Educational reference requests will only be accepted on completion and submission of this form. References will take up to five working days to be completed from submission of all correct details.

Name	
Maiden Name <small>(If applicable)</small>	
Date of Birth	
Student Number <small>(If known)</small>	

TO VERIFY	DETAILS AS PER STUDENT	DETAILS REQUIRED <small>(please tick)</small>
Qualification		
Subject		
Dates Attended		
Date of Award		
Classification		
Other <small>(Please specify)</small>		

I give my consent for Keele University to release the above Education details to:

Company name: Verifdiploma and if necessary:

Referencing agent name acting on behalf of the above: hotline@verifdiploma.com

Students' signature: _____

Date: _____