HCS
HealthCareStaffing
INCORPORATED

EDUCATION VERIFICATION

The person below has applied for employment with HealthCare Staffing, Inc., and has indicated completion of a course of study at your institution. We would appreciate your assistance in verifying this person's education history. Your response by fax as soon as possible will be appreciated.

APPLICANT: COMPLETE THE BOXED SECTION BELOW

APPLICANT: _____/_____:_____-_____-_____
LAST NAME (NOW)/ IN SCHOOL FIRST NAME MI SOC SEC #

COLLEGE/UNIVERSITY: _____
NAME OF INSTITUTION

_____
STREET ADDRESS

_____
CITY STATE ZIP

_____(_____)_____
PHONE (AREA CODE) NUMBER

DATES ATTENDED: _____

DEGREE(S) OBTAINED: _____

OTHER PERTINENT INFORMATION (Honors, Additional Courses, etc.):

_____

_____

EDUCATION VERIFICATION RELEASE

I authorize the person, company, or institution completing this form to release all information (including opinion information) regarding my education with them. I hereby release and hold harmless any individual, company, or institution which is providing this information, both factual and opinion, to HCS, HealthCare Staffing, Inc and HCS Travelers., its representatives and agents, from any legal liability for any damages that may result from the disclosure of this information.

APPLICANT SIGNATURE: _____ **DATE:** _____

INSTITUTION RESPONSE

1. **Does the above information correspond with your records?**
   ☐ **YES** ☐ **NO** **If not, please provide corrected information:**

_____

_____

_____

VERIFIED BY: _____ **DATE:** _____
(Signature, Title)