

The Texas A&M University System
System Offices

HR 41 (11/17)

Verification of Degree(s) and/or Licensure Release Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

To be completed by the applicant/employee (Provide name as it appears on Social Security card)

Last Name	First Name	Middle Name
Social Security Number	Phone Number	Date of Birth (MMDDYYYY) <input type="checkbox"/> Male <input type="checkbox"/> Female

1st Degree/License	
Major/Field in which degree/license awarded	Date degree/license conferred
Name/Location of institution/entity granting degree/license	
Your Name while at institution (if different than above)	

2nd Degree/License	
Major/Field in which degree/license awarded	Date degree/license conferred
Name/Location of institution/entity granting degree/license	
Your Name while at institution (if different than above)	

3rd Degree/License	
Major/Field in which degree/license awarded	Date degree/license conferred
Name/Location of institution/entity granting degree/license	
Your Name while at institution (if different than above)	

4th Degree/License	
Field in which degree/license awarded	Date degree/license conferred
Name/Location of institution/entity granting degree/license	
Your Name while at institution (if different than above)	

System Offices may obtain my background information, including criminal history record, Selective Service registration and degree verification at any time during my application process and/or employment. I understand this information will be used only for evaluation for employment or continued employment with System Offices. I acknowledge that a facsimile or copy of this document shall have the same validity, force and effect as the original. I hereby certify that all information provided by me on this form is true, complete, and correct. **I understand that any false statements made herein may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future A&M System employment.**

Applicant signature

Date

SUBMIT FORM TO:

System Offices Human Resources Department
Fax (979) 458-6168 OR hand deliver to the Moore/Connally Building, Suite 234
(301 Tarrow Street; College Station, TX 77840; Phone: (979) 458-6169)