



**INSTRUCTIONS TO THE HIRING DEPARTMENT:** This form is used by Human Resources as authorization to obtain verification of degree(s) and/or licensure on the applicant/employee, as specified below.

- 1) Complete the hiring department/college information.
- 2) Have the applicant/employee complete the applicant section (including the signature).
- 3) Send the form to Human Resources by fax (903) 886-5670.
- 4) Maintain this form in the Position File if you do not hire the applicant. If you hire the applicant, maintain this form in the Personnel File. Maintain this form in the Personnel File of a current employee when not part of the employment process.

**TO BE COMPLETED BY THE HIRING DEPARTMENT:**

Hiring Department/College		Security Sensitive Contact Name	
Hiring Supervisor		Security Sensitive Phone and Email	
Position Title	NOV	PIN/PAN/HR Approval #	
Reclassification <input type="checkbox"/> Yes <input type="checkbox"/> No			

**TO BE COMPLETED BY THE APPLICANT/EMPLOYEE:**

Last Name	First Name		Middle Name
Social Security Number	Phone Number ( ) -	Date of Birth (MM/DD/YYYY):	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

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

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

## Verification of Degree(s) and/or Licensure Release Form: Page 2

<b>4<sup>TH</sup> Degree/License</b>	
Field in which degree/license awarded	Date degree/license conferred (MM/DD/YYYY)
Name/Location of institution/entity granting degree/license	
Your Name while at institution (if different than above)	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*The information contained in this facsimile message is confidential and is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient or is the employee's agent responsible for delivering it to the intended recipient, then you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone at (903) 886-5668 or return the original message to the fax number listed below.*

**SUBMIT FORM TO:**  
Human Resources  
  
Fax (903) 886-5670

**NEED HELP?**  
Human Resources  
  
Phone (903) 886-5668

### HR Use Only

VERIFICATION BY HUMAN RESOURCES	Yes	No	Date (MM/DD/YYYY)	Initials
Was the degree(s) verified through NSCH or MIS ?				
If above is no, was the institution contacted and degree(s) verified ?				
Was the candidate asked to obtain verification from their institution?				
Was the verification received by Human Resources ?				
Was <b>the hiring department</b> notified ?				
<b>NOTES :</b>				