



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

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact Human Resources at 903-886-5881.

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.

TO BE COMPLETED BY THE HIRING DEPARTMENT:

Hiring Department/College		Security Sensitive Contact Name	
Hiring Supervisor		Security Sensitive Phone and Email	
Position Title	Posting Number	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

1st Degree/License	
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)	

2nd Degree/License	
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)	

3rd Degree/License	
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)	



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4TH Degree/License	
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) 886-5881 or return the original message to the address below.

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

NEED HELP?
Human Resources
Phone (903) 886-5881

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 the hiring department notified ?				
NOTES :				