**VERIFICATION OF DEGREE RELEASE FORM**

**THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT/EMPLOYEE - RETURN TO EMPLOYEE DEVELOPMENT DEPT**

Name:  

(Last) (First) (Middle)

Other name(s) used in any/all other records: 

\*\*Date of Birth: \*\* To be used solely for the purpose of conducting a verification of degree

**EDUCATION INFORMATION**

Name of institution granting highest degree: 

Highest earned educational degree:  Associate  Bachelor  Master’s  Doctorate

Field in which degree awarded: 

Date degree conferred: 

Address of institution:   

(City) (State) (Zip)

**1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS VERIFICATION DEGREE RELEASE FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.**

**2) I GIVE CONSENT TO ALLOW A REPRESENTATIVE OF TEXAS A&M AGRILIFE HUMAN RESOURCES TO VERIFY MY DEGREE FROM A CONSUMER REPORTING AGENCY OR FROM THE INSTITUTION INDICATED ABOVE.**

**SIGNATURE OF APPLICANT/EMPLOYEE**:  **DATE**:

**For questions concerning this form, please call the Employee Development Department at 979-458-6690**

For TFS Employee Development Department:

**SUBMIT FORM TO:**

Texas A&M AgriLife HR

[HRBackground@ag.tamu.edu](mailto:HRBackground@ag.tamu.edu)  
Laserfiche: WIP-HR folder

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|  | HR Use Only: | |  | | | |
| Date | | Log | | RR | Email |
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