



VERIFICATION OF DEGREE RELEASE FORM

THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT/EMPLOYEE - RETURN TO EMPLOYEE SERVICES 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:

(Address)

(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 Services Department at 979-458-6690

For TFS Employee Services Department:

SUBMIT FORM TO:
Texas A&M AgriLife HR
HRBackground@ag.tamu.edu
Laserfiche: WIP-HR folder

HR Use Only:

Date	Log	RR	Email