

**Education Verification Consent Request Form**

Please use this form in order to obtain an Education Verification. Educational reference requests will only be accepted on completion and submission of this form. References will take up to five working days to be completed from submission of all correct details.

**Name**

**Maiden Name**

**(If applicable)**

**Date of Birth Student Number**

**(If known)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **DETAILS** |  |
| **TO VERIFY** | **DETAILS AS PER STUDENT** | **REQUIRED** |  |
| **(please tick)** |
| **Qualification** |  |  |
| **Subject** |  |  |
| **Dates Attended** |  |  |
| **Date of Award** |  |  |
| **Classification** |  |  |
| **Other** |  |  |  |
| **(Please specify)** |  |

I give my consent for Keele University to release the above Education details to: Company name: and if necessary:

Referencing agent name acting on behalf of the above:

Students’ signature:

Date:

Whilst we endeavour to ensure that the information provided on this form is correct, we will not be liable for any misinformation provided in error.