

Verification of Certifications/Licenses

The following information has been provided by the undersigned applicant. Please assist us by verifying the following facts. Please note *any discrepancies* or additional information which may be pertinent in the "VERIFICATION COMMENTS" section provided below.

NAME: _____ **Social Security #:** _____

MAIDEN NAME (if applicable): _____

(1) CERTIFICATION/LICENSE: _____

ADDRESS: _____

(2) CERTIFICATION/LICENSE: _____

ADDRESS: _____

"I hereby give express permission for the release of information regarding verification of the above, and release the providers from any liability which may result from providing such information."

(APPLICANT SIGNATURE)

(DATE)

VERIFICATION COMMENTS

(VERIFIED BY)

(DATE)

Thank you for your help. Please return to us via mail or fax. Please call if you have any questions.