

Verified by: _____
Organization: _____
Date: _____



AUGUSTA UNIVERSITY

Education Verification Form (PLEASE PRINT LEGIBLY THROUGHOUT THE FORM)

Name of Candidate: _____
(First) (Middle) (Last) (Maiden)

Social Security Number: _____ Date of Birth: _____

Name of High School: _____

City _____ State _____ Graduated? _____ Yes _____ No

Attended From: ____/____ (month/year) Attended To: ____/____ (month/year)

(OR)

Name of GED Facility: _____

City _____ State _____

Attended From: ____/____ (month/year) Attended To: ____/____ (month/year)

Higher Education:

Name of Institution: _____

City _____ State _____ Graduated? _____ Yes _____ No

Attended From: ____/____ (month/year) Attended To: ____/____ (month/year) Degree

Obtained: _____ Major: _____

Name of Institution: _____

City _____ State _____ Graduated? _____ Yes _____ No

Attended From: ____/____ (month/year) Attended To: ____/____ (month/year) Degree

Obtained: _____ Major: _____

I authorize Augusta University to conduct an investigation of my personal, employment, and education history and further release the University, companies, schools, or persons from liability or damages for providing information. I hereby state that the information on this form is true and complete. In the event of employment, I understand that false, misleading, or omitted information given in the application documents or employment interviews may result in dismissal. I affirm I have not committed Medicare/Medicaid fraud. I understand my employment status will be contingent upon the satisfactory completion of a post offer medical assessment and drug screen and acceptable results of criminal background check. If accepted for employment, I understand my employment will be for no definite time period, regardless of the period of payment of my wages. In addition, I agree to abide by the rules and policies of Augusta University.

I agree that the above information is true.

(Please Sign)

(Date)