



NC Department of Health and Human Services
Education/Credential Verification Form

This form is used to verify educational credentials using the National Student Clearinghouse, other official web-based educational verification services (e.g. NC Medical Board), or directly with the educational institution.

To: _____
Education Institution or Credentialing Authority

Fax: _____

From: NC Department of Health and Human Services
Division of Human Resources

Division/Facility/School

Re: Education/Credential Verification

Student's/Credentialed Individual's Name
Social Security Number _____
Date of Birth _____

To be completed by the applicant:

Student/Applicant Authorization

I authorize the NC Department of Health and Human Services to verify my education/credentials as prescribed under G.S. 14-122.1.

Employee Signature _____ Date _____

Print Full Name _____

Print maiden name or other name that may have been used during enrollment or on certification/licensure _____

To be completed by the Registrar or other authorized official:

Enrollment Date From _____ to _____

Hours Completed: Semester _____ Quarter _____

Did student receive a degree? Yes No

What degree? _____ Major _____ Minor _____

Did student receive a diploma? Yes No

Did student receive a certificate? Yes No

Registrar or Official Signature _____ Date _____