

Education Verification Request Form

Publication 07.02.PUB5.2



A request for Education Verification must be authorized by the record holder/graduate. Requests may be submitted by an organization other than the individual. Complete and submit this signed request to the CCMS Office of the Registrar at registrar@ccms.edu

REQUESTOR / RECIPIENT INFORMATION

Name and information of agency/person to receive/discuss non-directory student record(s):

Agency/Institution Name: _____

Name of Requesting Representative: _____

Phone Number: _____

Email: _____

Electronic Record Request to above email

Hardcopy Record Request to mailing address _____

GRADUATE INFORMATION

Consent to release education records to the above state Agency/Institution is authorized by the below named Requestor and is authorized by signature:

Name at time of attendance: _____
(First) (Middle) (Last)

Social Security Number: _____ Phone Number: _____

Year(s) of attendance or graduation year: _____

Highest degree conferred by CCMS: _____

AUTHORIZERS CONSENT

I, the undersigned, authorize consent for the Cincinnati College of Mortuary Science to release non-directory academic records and information in compliance with FERPA guidelines to the above named institution to release education records to the above named institution and its designated agents and representatives.. Records may be related to program registration, disciplinary proceedings, tuition, financial aid, student accounts, transcripts and earned degrees.

Printed Name: _____ Signature: _____

