YOUR COMPANY NAME
Provider of Healthcare Personnel
Your Address
Your Phone number and email address
www.companywebsite.com

VERIFICATION OF EDUCATION

Date:

To:

Re:

The above individual has applied to our organization for employment. According to the information in the employment application, this individual has attended your school.
Would you please verify the above by completing the following information:

Dates Attended:_____

Still Attending? _____

Degree/Diploma Earned: _____

Grade Point Average:_____

Honors or Commendations: _____

Other Comments:

Your cooperation in completing and returning this in the self-enclosed envelope is greatly appreciated.

Very truly yours,

_____