



# NC DEPARTMENT OF PUBLIC SAFETY Degree Verification Request

Date of Request \_\_\_\_\_

<b><u>TO</u></b>	<b><u>FROM</u></b>
Name _____	Name _____
Address _____	Address _____
City _____ State <input type="text"/> Zip _____	City _____ State <input type="text"/> Zip _____
email _____	email _____

## **Applicant/Employee Degree/Education Information**

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dates Attended From \_\_\_\_\_ To \_\_\_\_\_

Degree/Coursework \_\_\_\_\_

The above-named individual has applied for employment with the state of North Carolina and has signed the following statement on his/her Application for Employment.

*I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorized educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorized investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon my employment shall be mandatory if fraudulent disclosures are given to meet position qualification. (Authority: [G.S. 126-30](#); [G.S. 14-122.1](#)).*

Your assistance in verifying the information requested below will be greatly appreciated and will be considered a service to the applicant and the State of North Carolina. A self-addressed envelope is provided for your convenience. Thank you for your cooperation.

\_\_\_\_\_  
(Applicant/Employee Signature (authorizing release) \_\_\_\_\_ Date \_\_\_\_\_

## **This section to be completed by Office of the Registrar**

**Enrolled** From \_\_\_\_\_ To \_\_\_\_\_ **Hours Completed** Semester \_\_\_\_\_ Quarter \_\_\_\_\_

**Did student receive a** (Check all that apply and specify in space provided below)  Degree  Diploma  Certificate

Specify \_\_\_\_\_

\_\_\_\_\_  
(Printed/Typed Name of Registrar or Designee) \_\_\_\_\_ (Signature of Registrar or Designee) \_\_\_\_\_ (Date) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

**NOTE: Please use official stamp or raised seal.**