

Authorization for Release of Information

The National Student Clearinghouse is Fitchburg State University's authorized agent for providing degree and enrollment verifications for prospective employees. Completion of this release will grant Fitchburg State the authorization to obtain this information, as it pertains to your prospective employment.

INSTRUCTIONS: Complete the form below. Please note that all fields are required. Print, sign, and return the completed form to Human Resources within 48 hours of receipt. You may scan this form and email it to humanresources@fitchburgstate.edu or fax it to 978-665-3720. The original document should be submitted before you	
begin working.	, , , , , , , , , , , , , , , , , , ,
Name:	
Name at Time of Attendance (if different)):
Date of Birth:	Social Security Number:
Please list all of the schools that you have att not graduated from.	ended. If applicable, be sure to include schools that you have attended but
Undergraduate School(s):	
Graduate School(s):	
Post Graduate School(s):	
Other:	
	ity the authority to obtain my degree, enrollment, and licensure information nderstand that if my records are unavailable, I will be required to submit official ior to being hired.
Signature:	Date: