

1 UNF Dr Jacksonville, Florida 32224 (904) 620-2903 [Voice/TDD] (904) 620-2742 [Fax]

## Office of Human Resources

## HIGH SCHOOL EDUCATION VERIFICATION

DATE	<u> </u>			
school	eeking employment at the University of No l education. I respectfully request that you f om any and all liability of damage from pro	furnish the below information co	oncerning my education, and here	
		Signature of Applicant		
то:	SCHOOL NAME			
	ADDRESS			
	CITY	STATE	ZIP	
RE:	FULL GIVEN NAME (Last)	(First)		(MI)
	SSN//			
	DOB//			
	LAST DATE ATTENDED HIGH SCI	HOOL / /	-	
	HIGHEST GRADE COMPLETED _			
	GRADUATED?   □ YES □ No.	Ю		
• • • • •	TO BE COM	MPLETED BY SCHOOL OF	FICIAL	
Is the	above information correct?	ES □ NO		
Signature	e (School Representative)	Title		
	e verify the above information and return below. This is not a transcript request.		Stamp or Emboss School Se	al Here
Univer	of Human Resources rsity of North Florida F Dr pnville, FL 32224			



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## Office of Human Resources

## COLLEGE/UNIVERSITY EDUCATION VERIFICATION

City	State		
Student's Name			
SN/	/		
	I respectfully request that you furnish the above information concerning my education, and hereby release you from any and all liability of damage from providing the information requested.		
	Signature of Applicant		
	Signature of Applicant  TO BE COMPLETED BY COLLEGE/UNIVERSITY OFFICIAL		
I certify th			
	TO BE COMPLETED BY COLLEGE/UNIVERSITY OFFICIAL  nat the above named student received the		
	TO BE COMPLETED BY COLLEGE/UNIVERSITY OFFICIAL		
	TO BE COMPLETED BY COLLEGE/UNIVERSITY OFFICIAL  nat the above named student received the		
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	TO BE COMPLETED BY COLLEGE/UNIVERSITY OFFICIAL  nat the above named student received the		

Please supply the above requested information and return this form to the address listed below.

This is not a transcript request.

University of North Florida Office of Human Resources 1 UNF Dr Jacksonville, FL 32224