



Verification Authorization & Information Release Form

Section I: Applicant Information

First Name:

Last Name:

Name on Educational Records, if Different:

IERF File Number:

Date of Birth:

Email:

Section II: Authorization

I hereby authorize International Education Research Foundation (IERF) to obtain information regarding my studies. This release covers all school records and the verification thereof, to be used for the purpose of a credentials evaluation of my studies.

Signature:

Date: