

# Candidate Consent for Educational Qualification Verification

**Date:** [Insert Date]

**To:** [Company Name / Background Check Agency]

**Subject:** Consent for Verification of Educational Qualifications

I, [Full Name of Candidate], hereby provide my formal consent to [Company Name] and its authorized representatives to verify my educational background and qualifications as part of my employment application process.

I authorize the following institutions to release information regarding my academic records, including but not limited to dates of attendance, degrees earned, and graduation status:

- **Institution Name:** [Name of University/School]
- **Degree/Diploma Obtained:** [e.g., Bachelor of Science]
- **Year of Graduation:** [Insert Year]
- **Student ID/Roll Number:** [Insert Number]

I understand that this information will be used solely for the purpose of evaluating my suitability for employment. I release all parties involved from any liability related to the exchange of this factual information.

A photocopy or electronic version of this consent form shall be considered as valid as the original.

**Candidate Signature:** \_\_\_\_\_

**Full Name (Printed):** [Insert Full Name]

**Date of Birth:** [Insert DOB for identification purposes]

**Contact Number:** [Insert Phone Number]