

TEMPORARIES NOW

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Authorization for Verification of Academic Credentials and SHRM Certifications

I hereby authorize the release of any and all information to Temporaries Now, Inc., necessary for them to verify my statements made on this form. I hereby release each institution providing such information and Temporaries Now from all liability that may result from furnishing this information.

Applicant's name _____

Current Address _____

City _____ State _____ Zip _____

Soc Sec Num _____ Today's Date _____

Signature _____ Date of Birth _____ / _____ / _____

High School Name _____

The Full Name you used while here _____

Address _____

City _____ State _____ Zip _____

Dates Attended _____ Did you Graduate? _____

College Name _____

The Full Name you used while here _____

Address _____

City _____ State _____ Zip _____

Dates Attended _____ Did you Graduate? _____

Degree received _____

College or Other School Name _____

The Full Name you used while here _____

City _____ State _____ Zip _____

Dates Attended _____ Did you Graduate? _____

Degree received _____

SHRM Certification Received: _____

Your HRCI ID Number: _____ The year you became certified: _____

Academic institutions, please return all comments to: Credentials Department