

TO:

Name:

ID #:

Date of Birth:

Dates Attended:

Course of Study:

FROM: UNCP  
Office of Human Resources

The above referenced individual is employed with The University of North Carolina at Pembroke and has signed the following statement for verification of credentials.

"I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for disciplinary action or dismissal. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications." (Authority: G.S. 126-30; G.S. 14-122.1).

\_\_\_\_\_  
Employee's Signature

Your assistance in verifying the information requested below will be greatly appreciated and will be considered a service to both the applicant and The University of North Carolina at Pembroke. A self-addressed envelope is provided for your convenience. Thank you for your cooperation.

**THIS SECTION TO BE COMPLETED BY OFFICE OF THE REGISTRAR**

Enrolled from:  to:

Hours completed:  semester:  quarter:

Did student receive a degree? Yes  No

If so, what degree(s)  major(s)

Did student receive a diploma? Yes  No  If so, what diploma(s)

Did student receive a certificate? Yes  No  If so, what certificate(s)

\_\_\_\_\_  
Signature of Registrar or Designee

\_\_\_\_\_  
Date

**NOTE: PLEASE USE OFFICIAL STAMP OR RAISE SEAL**

Rev. 07/28/2015