



**VERIFICATION OF EDUCATION**

**This form must be submitted directly to the office by the school.**

**Applicant**

<b>Profession Applying for</b>		<b>Date of Birth</b>	
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<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Former/Maiden</b>

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by the Authorized Officer**

<b>Name of Applicant</b>	
<b>Name of School</b>	
<b>Degree Earned</b>	
<b>Number of hours completed</b>	
<b>Graduation Date</b>	
<b>Mailing Address</b>	<b>P.O. Box</b>
	<b>Street/Apt #</b>
	<b>City/State/Zip</b>
	<b>Country</b>

<b>Signature of Registrar</b>		<b>Printed Name</b>	
<b>Date</b>		<b>Email</b>	

<p><b>Mail to:</b></p> <p>Vermont Secretary of State          Office of Professional Regulation          89 Main Street, 3<sup>rd</sup> Floor          Montpelier, VT 05620-3402          Attn: (Profession Specific)</p>	<p><b>(OFFICIAL SEAL)</b></p>
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