



Degree Verification Form

Date:

Registrar:

Subject:

Dear Registrar,

I authorize Cybertech and its' agents, including First Advantage, to request the verification of my degree on my behalf. And I authorize my school's Registrar (or college/university) noted above to release that verification to Cybertech and its agents, including First Advantage. Please validate the degree for your alumnus noted below. This form can be returned via email to info@cyber-inc.com or faxed to 800.213.7737.

Alumnus: _____

Degree: _____

Graduation Date: _____

Case ID: _____

Signature: _____ Date: _____