

# THIRD PARTY EDUCATION VERIFICATION REQUEST FORM

**NOTE:** For all third parties making an education verification request, Continental Academy will **FAX** the information you need within 1 to 2 business days. If you only need a verbal education verification you may call us **AFTER** you have completed and submitted this form to us.

Date of Request: \_\_\_\_\_

Third Party Name: \_\_\_\_\_

Third Party FAX number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

**Note:** We may have a student in our academic records with a different **LAST NAME** due to marriage etc. Please provide all known names here:

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**Please provide the information that you are requesting here:**

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**Please provide payment information below. The processing fee is \$25.00.**

Amount to be charged: \$25.00

Credit Card #: \_\_\_\_\_

Valid Thru: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Credit Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FAX YOUR COMPLETED FORM ALONG WITH YOUR SIGNED BACKGROUND AUTHORIZATION FORM TO 954-538-8041. OUR SCHOOL PHONE NUMBER IS 1-800-285-3514.**