



15327 NW 60<sup>th</sup> Avenue, Room 235, Miami Lakes, FL 33014  
Phone: (800) 285-3514 Fax: (954) 538-8041

*“Home of the Eagles”*

## THIRD PARTY EDUCATION VERIFICATION REQUEST FORM

**NOTE:** Continental Academy will **ONLY MAIL** the information you request. You can expect to receive the information you have requested within 7 to 10 business days by first class U. S. Mail. **NOTE:** It is your responsibility to ensure that we have received your completed Third Party Education Verification Request Form. Please provide the school a complete and valid mailing address to mail the requested information to your company. Thank you for your cooperation.

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

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

Third Party Mailing Address: \_\_\_\_\_

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 \$40.00. Fax or mail completed form along with the student's signed background authorization release to (954) 538-8041.**

Amount to be charged: \$40.00

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

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

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

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

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

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

**OR**

Mail in **money order** or **check payment** of **\$40.00** payable to **Continental Academy** at:  
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