



15327 NW 60th 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 E-MAIL** the information you request. You can expect to receive the information you have requested within 24 to 48 working hours once processed. **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 e-mail address for the requested information to your company. Thank you for your cooperation.

Date of Request: _____

Third Party Name: _____

Third Party E-mail 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:

Please provide the information that you are requesting here:

Please provide payment information below. The processing fee is \$40.00. E-mail completed form along with the student's signed background authorization release to E-mail: continentalacademyedverify@gmail.com.

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:
15327 NW 60th Avenue, Room 235, Miami Lakes, FL 33014.