I, the undersigned,

**First Name:** **Last Name:**

**Date of birth DD/MM/YYYY:**

authorize the school entitled, « ***Name of the school\**** », to verify the information concerning my educational background and/or the authenticity of my diploma:

**Diploma Title:**

**Graduation year:**

And transmit it to Verifdiploma on behalf of the company, « ***Name of the company\**** ».

**Date:**

**Signature:**

**\*Please fill out the relevant company and school names.**

The company, « ***Name of the company\**** », carries out diploma verifications in the case of a recruitment or an administrative file.

To this end, Verifdiploma performs verifications with the establishments in question.

We thank you in advance for completing and signing this consent form that allows us to carry out the necessary verifications.