



TEXAS A & M UNIVERSITY

Office of the Dean of Faculties and Associate Provost

Verification of Degree Release Form

To comply with Southern Association of Colleges and Schools accreditation criteria, we must keep on file information on academic preparation of faculty members. Therefore, we must verify each faculty member's degree. To do this, we need certain information and a signed release form from the faculty member. This is kept as strictly confidential information.

(Please print legibly or type)

Name: _____

Name while at institution(if different): _____

Social Security Number: _____

Birthdate: _____

Highest Degree Completed: _____

Field in which Degree Awarded: _____

Date Degree Conferred: _____

University: _____

Address of University: _____

I give my consent to allow Texas A&M University to verify my degree.

Signature _____ **Date** _____

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