



INSTITUTIONAL CREDENTIAL VERIFICATION FOR INTERNATIONAL FACULTY

Please complete and submit this form to WES
If you have any questions, please contact us at 212-219-7330 or faculty@wes.org.

FROM: Institution: _____ Telephone: _____
Contact: _____ Fax: _____
Address: _____ Email: _____

TO: Academic Services (Attn: John Lembo) FAX: 212-739-6151
World Education Services, Inc.
PO Box 5087, Bowling Green Station Email: faculty@wes.org
New York, NY 10274-5087 Telephone: 212-219-7330

Verification Report charges is \$200 per report, regardless of the number of credentials included.

Payment Information:

Check attached
 Invoice requested (Institution Purchase Order No. _____)
 Credit Card No. _____ Exp. Date: _____
Name on credit card: _____

Note: if payment is not attached, a purchase order number is required, without which final reports will not be issued.

VERIFICATION REPORT REQUESTED FOR:

Name: _____
Last/Family First/Given Middle

Date of Birth: _____ [] Male [] Female
(month/day/year)

Please list all the credentials to be evaluated

Institution	Country	Dates of Attendance	Diploma/Certificate	Graduation Date

To be submitted to WES with this cover sheet:

- Copies of all credentials to be verified (Please note that documents from China, Cuba, Pakistan, Russia and Ukraine are subject to the specifications provided at www.wes.org/required under the country of education)
- Release form signed by individual faculty member
- Payment (see above for options)

I certify that to the best of my knowledge all of the above information is correct. The report that will be issued is advisory and not binding upon any institution or agency that uses it. I release World Education Services from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation report. I agree to remit payment to World Education Services upon receipt of an invoice.

Name _____ Signature _____ Date _____



World Education Services

Authorization to Release Academic Records and Information

Please complete this form, sign it, and return it to WES with photocopies of the relevant academic documents.

Personal Information:

Name (*please print*): _____

Date of Birth: _____
(dd/mm/yy)

Current Address: _____

Authorization for Release:

I, _____, hereby authorize the release of my
print name
academic records and information to World Education Services.

Signature _____ Date: _____

Please return completed form to WES:

By Email: faculty@wes.org

By Fax: (212) 739-6151