



**Secretary of State
Office of Professional Regulation**

VERIFICATION OF EDUCATION

This form must be submitted directly to the office by the school.

Applicant Full Legal Name:

| | | | |
|--------------------------------|-----------|------------------|----------------------|
| First Name | MI | Last Name | Former/Maiden |
| | | | |
| Profession Applying for | | | Date of Birth |
| | | | |

I hereby authorize the school or institution to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date _____

To Be Completed by the Authorized Officer

| | | | |
|--|-----------------------|--------------|-----------------------------------|
| Name of Applicant | | | |
| Name of School or Institution | | | |
| Degree Earned | | | |
| Number of hours completed | | | |
| Graduation Date | | | |
| Mailing Address | P.O. Box | | |
| | Street/Apt # | | |
| | City/State/Zip | | |
| | Country | | |
| Signature of Registrar | | Date | |
| | | | |
| Printed Name | | Email | |
| | | | |
| <p align="center">School: Mail to</p> <p align="center">Vermont Secretary of State Office of Professional Regulation 89 Main Street, 3rd Floor Montpelier, VT 05620-3402 Attn: (Profession Specific)</p> | | | <p>(OFFICIAL SEAL)</p> |