



EDUCATION

— VERIFICATION —

I, the undersigned, hereby authorize **Integrity Asia Ltd.** to verify information with regards my academic records. Parties presented with this authority may release my academic information, which include but is not limited to;

- Full name (at the time of study)
- Date of birth
- Level of award/ Classification (i.e., with merit, distinction) * option
- Qualification degree (i.e., bachelor of mathematics)
- Subject of study / course (i.e., calculus)
- Final GPA * option
- Program start date
- Program end date
- Date of award

I understand this information is to be retained but will remain confidential within **Integrity Asia Ltd.** and be used only for background screening purposes.

Copies of this authorization that show my signature are as valid as the original released and signed by me. This authorization is valid for six months.

University / Educational Institution	
Full name	
Alias	
Date	
Signature	