

Education Verification Request

The following individual, _____, has signed a release for Choffin Career and Technical Center to provide education background information.

Student Information

Name while attending Choffin CTC: _____

Current Phone Number: _____

Email Address: _____

Date of Birth: _____

Year of Graduation or of Attendance: _____

Select Program:

- Dental Assisting
- Practical Nursing
- Surgical Technology
- High School
- Other _____

Verifier Name: _____

Verifier Address: _____

Verifier City, State and Zip: _____

Phone Number: _____

Website and/or Order Number: _____

Completed Education Verification Requests may also be faxed to (330)744-8729 or mail to Choffin CTC, 200 East Wood Street, Youngstown, OH 44503. Provide copy of written release from student with the request.