



Permission to Release Information

I hereby authorize and request all parties to release information on my academic standing/records to Qualification Check Ltd for the purpose of verification in accordance with GDPR. I understand that this information is to be retained but will remain confidential within Qualification Check Ltd and its clients and be used only for background screening purposes. I agree to provide any assistance or documentation required to complete and process any searches or applications.

I confirm that my name and associated personal data may be passed on to an institution or to an agent outside the EEA either:

(a) to undertake the verification and there is a risk that such agent and/or institution may not be subject to the same legal framework as Qualification Check Ltd; and/or

(b) for Qualification Check to share it with its subsidiaries and/or agents to assist with the processing of checks,

and I confirm that I understand that there is a risk that the institution and/or agent may not be subject to the same local jurisdictional legal framework as Qualification Check Ltd.

I confirm that the information I have given in connection with my application is correct to the best of my knowledge.

Institution/Organisation name*:

Please note this refers to the University/High School/College/Examination Board from which you obtained your qualification, not the one you are applying to.

Name Information*:

Complete all applicable fields. Use the name **exactly** as it appears on your **qualification documents**.

First Name: _____ Middle Name: _____ Last Name: _____

Previous Name/Aliases (If any):

Date of Birth _____ (dd/mm/yyyy)

Declaration & Signature*:

Date _____ (dd/mm/yyyy)

*Print Full Name:

*Signature:

This consent form is valid for 6 months from the date of signature. For questions about our verification process or to withdraw consent, please contact Qualification Check Ltd