



**The  
Providence  
Center**

*Peace of Mind in Community Care*

## **Degree Verification**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Name when degree was completed)

Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

School/Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam,

I have applied to become an employee at The Providence Center. In order to more thoroughly evaluate my capabilities and qualifications, The Providence Center has requested further information regarding my Degree Program. Please complete the attached form and return both forms to:

The Providence Center  
ATTN: Human Resources  
530 North Main St, 4<sup>th</sup> Floor  
Providence, R.I. 02904

Thank you for your time and assistance.

Sincerely,

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Phone Number



**For School or Program Completion**

**Degree Received:**

Associate's    Bachelor's    Master's    Other: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

Concentration in which degree was awarded: \_\_\_\_\_

Signature of person verifying the degree: \_\_\_\_\_

Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_