



**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, 4th 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: _____