



TEXAS A&M
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NAME: _____
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SCHOOL: _____

DEGREE: _____

MAJOR: _____

YEAR: _____

SCHOOL: _____

DEGREE: _____

MAJOR: _____

YEAR: _____

SCHOOL: _____

DEGREE: _____

MAJOR: _____

YEAR: _____

I authorize Texas A&M University- Kingsville to complete a degree verification of my credentials from the listed institution(s) or university (s).

Signature

Date