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<https://csiscreening.com/>

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### EDUCATION VERIFICATION INFORMATION

**Applicant's Name:** \_\_\_\_\_

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

Please PRINT Clearly

Institution Contact #1	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	
Institution Contact #2	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	
Institution Contact #3	
Institution Name	
Institution Address	
Institution Contact Phone & Email	
Date/Year Completed or Graduated	
Program/Degree/Certificate Obtained	
Student Number	

**EDUCATION VERIFICATION REQUESTED BY:** \_\_\_\_\_

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**CSI Background Screening Email Directory:**

General Inquiries: [admin@csiscreening.com](mailto:admin@csiscreening.com)

Screening Analyst: [csi@csiscreening.com](mailto:csi@csiscreening.com)