



**PARTICIPANT'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMPLOYMENT AND EDUCATIONAL INSTITUTION  
VERIFICATION RELEASE**

I, the participant named above, do hereby attest by my signature below, that I freely and voluntarily authorize the release of any and all employment and/or educational institution records to:

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11200 SW, 8<sup>th</sup> Street  
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Tel. 305.348.2491

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\_\_\_\_\_  
Participant's Signature

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