

Koine Information Release Form

Permission to Release Information I hereby authorise and request all parties to release information on my academic standing /records to Qualification Check Ltd for the purpose of verification in accordance with the Data Protection Act of 2018

I understand that this information is to be retained but will remain confidential within Qualification Check Ltd and its clients and be used only for recruitment and background screening.

I agree to provide any assistance or documentation required to complete and process any searches or applications.

I confirm that the information I have given in connection with my application is correct to the best of my knowledge.

Institution/University: _____

Full Name: _____

Date: _____

Signature: _____