



CONFIDENTIAL VERIFICATION REQUEST 9 Sen. Gil J. Puvat From: Vanquard

To: Centro Escolar University - 259 Sen. Gil J. Puyat

Ave. Makati City Philippines

University Registrar

Vanguard Screening Solutions Inc

Our contact details

Our email <u>patricia.reyes@vanguardscreen.com</u>

Our fax: +63 2 8857 2889 loc179

Our tel: +6326217435

Our reference #:

Total Pages: 2 Date sent: April-13-2023

Attention: Registrar's Department

Good day!

Attn:

Fax:

Tel:

We are currently conducting a background check on **BARTOLOME**, **Neil Patrick David**, an applicant of our client. He has indicated in his application that he attended your school, and we would like to verify said information. We have attached the subject's signed Letter of Authorization for your reference.

We would be most grateful if you could take a few minutes of your time to fill out the attached form, and fax or email it back to us. We would appreciate if we can get a positive response from your office within the next 5 days. If for any reason you are unable to provide the information within that time frame, please do let us know when we can expect it.

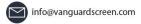
Please contact the undersigned for any questions or clarifications. Thank you for your usual cooperation.

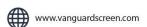
Regards,

Patricia Reyes

Client Service Associate

Student's Name:	BARTOLOME, Neil Patrick David	
Former Name:		
Date of Birth:	Jun-10-1990	
Verifier's Name and De	signation:	
Verifier's Signature:		
Verifier's Contact Details:		
Date Verified:		
Candidate Provided Information:		Kindly indicate your findings:
School Name: Centro E	scolar University	
School Address: - 259 Philippines	Sen. Gil J. Puyat Ave. Makati City	
Start Date of Attendance	ee: 2007	
End Date of Attendance: 2011		
Degree Attained: Bachelor's Degree (Secondary/Bachelor's/Diploma/Vocational/Post)		
Course of Study: Bach	elor of Science Nursing	
Date of Graduation: Gr	raduate <mark>(Please provide</mark>)	
Honors (Cum Laude, Magna Cum Laude, Suma Cum Laude)		
For Undergraduate ON	LY:	
- Number of Units Earned		
- Highest Level Completed		
Remarks: Is the attache	ed TOR authentic?	









Letter of Authorization

I hereby agree and authorize., and it's authorized vendor to use above mentioned information herein after referred to as the "Company," to:

- 1. Provide my contact information to an authorized background checking vendor in the event that clarification or further details are needed to complete the check for employment purposes only. The results from these proceedings shall be private and confidential and will not be given to unauthorized persons.
- 2. Conduct a reference check so that a hiring decision may be made. In the event that is unable to verify any reference stated in this documentation, I acknowledge that it is my responsibility to furnish the necessary documentation. In line with this, I hereby authorize the Company or its authorized vendor to:
 - a. Contact my present employer
 - b. Contact my past employer/s
 - $c. \hspace{0.5cm} \hbox{Contact the educational institutions I had attended for the release / verification of my records} \\$
 - d. Contact any other institutions relevant to verification of my application for employment with the Company
- 3. I authorize to submit my reference check results to the company's clients (specifically to the Client for which my assigned account caters to), government institutions for purposes of verification, audit and/or any legal or business purpose as may be determined by the company. I acknowledge that this Undertaking is sufficient to comply with the requirements of the Data Privacy Act of 2012 (Republic Act 10173).
- 4. Agree to undergo Pre-Employment Medical Examination and Drug Test Screening procedures previous to and post-employment, in line with Company policies and R.A. 1965 or the Comprehensive Dangerous Drugs Act of 2002. The results from these proceedings shall be private and confidential and will not be given to unauthorized persons.

I understand, acknowledge and declare under penalties of perjury that all information has been made in good faith, verified to the best of my knowledge and belief, is true and correct. I understand that any misrepresentation, falsification, or any omission of facts, of whatever nature shall be considered sufficient cause for my dismissal during my employment with Lastly, I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for a definite period of time.

Signature over Printed Name	Date Signed
Neil Patrick D. Bartolome	2/13/2023
I read, understand and provide my consent by my signature to the above my statements.	

