



CONFIDENTIAL VERIFICATION REQUEST

To: Centro Escolar University - 9 Mendiola St., San

Miguel, Manila City Philippines1005

Attn: University Registrar

From: 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 #:

Date sent: March-27-2023

Attention: Registrar's Department

Good day!

Total Pages: 2

Fax:

Tel:

We are currently conducting a background check on **CUETO**, **Arlene Ferrer**, an applicant of our client. She has indicated in her application that she 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.

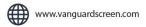
Regards,

Patricia Reyes

Client Service Associate

| Student's Name: | CUETO, Arlene Ferrer | |
|--|------------------------------------|--------------------------------|
| Former Name: | Arlene Arcega Ferrer | |
| Date of Birth: | Aug-06-1984 | |
| Verifier's Name and Desi | ignation: | |
| Verifier's Signature: | | |
| Verifier's Contact Details: | | |
| Date Verified: | | |
| Candidate Provided Information: | | Kindly indicate your findings: |
| School Name: Centro Es | colar University | |
| School Address: - 9 Men Philippines1005 | diola St., San Miguel, Manila City | |
| Start Date of Attendance: 2001-2002 1st Sem | | |
| End Date of Attendance: | 2004-2005 1st Sem 2nd Sem | |
| Degree Attained: Bachelor's Degree (Secondary/Bachelor's/Diploma/Vocational/Post) | | |
| Course of Study: Bachel Communication - Journal | | |
| Date of Graduation: 19 Mar 2005 | | |
| Honors (Cum Laude, Magna Cum Laude, Suma Cum Laude) | | |
| For Undergraduate ONL | Y: | <u> </u> |
| - Number of Units Earned | | |
| - Highest Level Completed | | |
| Remarks: Is the attached TOR authentic? | | |









Letter of Authorization

I hereby authorize Vanguard Screening Solutions Inc., to verify information provided in my form for Pre-Employment purposes. I authorize all persons who may have information relevant to this enquiry to disclose it to Vanguard Screening Solutions Inc. and its partners, associates and to all persons concerned from liability on account of such disclosure. I hereby voluntarily affixed my signature and represent this document to be an original.

I further authorize the procurement of a consumer credit report or other like documents and understand the report may contain information on my background, mode of living, character, and personal reputation. I further consent to the review and release of any information from my military records deemed necessary.

I further acknowledge, consent and agree that photocopies of this Letter of Authorization may be made and used as if they were original copies.

Signed

Full Name : Arlene Ferrer Cueto

Date of Birth : __08/06/1984 __(MM/DD/YYYY)

Date : 03/24/2023



