

CONFIDENTIAL VERIFICATION REQUEST

To: **CENTRO ESCOLAR UNIVERSITY -
MAKATI - ESTEBAN ST., LEGAZPI
VILLAGE MAKATI Philippines 1231
Philippines**

Attn: **University Registrar**

Fax:

Tel:

From: Vanguard Screening Solutions Inc

Our email

Our fax:

Our tel:

Our contact details

karen.petronio@vanguardscreen.com

+63 2 8857 2889 loc179

+6326217435

Our reference #:

Date sent:

March-09-2023

Total Pages: 2

Attention: Registrar's Department

Good day!

We are currently conducting a background check on **PEREZ, Korvienne Mae Adriano**, 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,

Karen Rezel Petronio
Client Service Associate

Student's Name:	PEREZ, Korvienne Mae Adriano	
Former Name:		
Date of Birth:	Jun-02-1996	
Verifier's Name and Designation:		
Verifier's Signature:		
Verifier's Contact Details:		
Date Verified:		
Candidate Provided Information:	Kindly indicate your findings:	
School Name: CENTRO ESCOLAR UNIVERSITY - MAKATI		
School Address: - ESTEBAN ST., LEGAZPI VILLAGE MAKATI Philippines 1231 Philippines		
Start Date of Attendance: Jun 2012		
End Date of Attendance: Mar 2016		
Degree Attained: Bachelor's Degree (Secondary/Bachelor's/Diploma/Vocational/Post)		
Course of Study: BS INFORMATION TECHNOLOGY		
Date of Graduation: 22 Mar 2016		
Honors (Cum Laude, Magna Cum Laude, Suma Cum Laude)		
For Undergraduate ONLY:		
- Number of Units Earned		
- Highest Level Completed		
Remarks:		

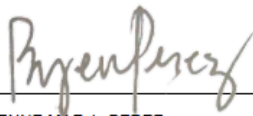


Letter of Authorization

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 : KORVIENNE MAE A. PEREZ
Date of Birth : 06/02/1996 (MM/DD/YYYY)
Identification :
Date : 03/03/2023

