



KAPLAN UNIVERSITY  
PRIOR LEARNING ASSESSMENT CENTER  
550 West Van Buren, 7th Floor  
Chicago, IL 60607

## Request for Verification of CWNA (Certified Wireless Network Administrator) Certification

Important: This form is provided to assist the student in requesting official verification of the CWNA certification. The student is solely responsible for supplying Kaplan University with a copy of the official certification card to access the secure verification website created by CWNP.

### ATTENTION STUDENT:

#### Authorization for Release of Records (to be completed by the student)

I hereby authorize Kaplan University to verify information from CWNP regarding my completion of the CWNA (Certified Wireless Network Administrator) certification, which I earned on \_\_\_\_\_ (date).

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

INITIAL CERTIFICATION DATE: \_\_\_\_\_ RENEWAL DATE (IF APPLICABLE): \_\_\_\_\_

CWNP ID NUMBER: \_\_\_\_\_  
(EXAMPLE: CWNP123456)

CWNP EMAIL ADDRESS: \_\_\_\_\_  
(EMAIL ADDRESS USED TO LOG IN TO CWNP.COM)

STUDENT AUTHORIZATION: \_\_\_\_\_  
SIGNATURE DATE

Please return requested documentation to Kaplan University at the following address or fax number:

**KAPLAN UNIVERSITY**  
**Attention: Prior Learning Assessment Center**

550 West Van Buren, 7th Floor  
Chicago, IL 60607  
OR  
Fax: 1800.588.4127  
Attn: Document Team