



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

Request for Verification of CISSP
(Certified Information Systems Security Professional) Certification

Important: This form is provided to assist the student in requesting official verification of the CISSP 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 (ISC)2.

ATTENTION STUDENT:

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

I hereby authorize Kaplan University to verify information from (ISC)2 regarding my completion of the CISSP (Certified Information Systems Security Professional) certification, which I earned on (date).

LAST NAME: FIRST NAME: MIDDLE INITIAL:

SOCIAL SECURITY #: EMAIL ADDRESS:

HOME ADDRESS:

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

INITIAL CERTIFICATION DATE: RENEWAL DATE (IF APPLICABLE):

MEMBER ID/CERTIFICATION ID NUMBER:

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