



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

Request for Verification of EnCE (EnCase Certified Examiner) Certification

Important: This form is provided to assist the student in requesting official verification of the EnCE certification. The student is solely responsible for requesting verification from Guidance Software as well as providing Kaplan University with a copy of the official certification card.

ATTENTION STUDENT:

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

I hereby authorize Kaplan University to verify information from Guidance Software regarding my completion of the EnCE (EnCase Certified Examiner) 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):

STUDENT AUTHORIZATION: SIGNATURE DATE

ATTENTION AUTHORIZED AGENCY OFFICIAL:

Verification of EnCE Certification Request (to be completed by an authorized staff member at Guidance Software)

The student listed above has applied to Kaplan University to receive college credit for receipt of the EnCE Certification, which is administered through your office. The authorization above is signed by the student giving his/her permission for the information to be released. Please complete the requested verification (below) and return this document to Kaplan University at the address or fax number listed below.

NAME OF CERTIFICATION EARNED:

INITIAL CERTIFICATION DATE: RENEWAL DATE (IF APPLICABLE):

CERTIFICATION ID NUMBER (IF APPLICABLE):

AGENCY VERIFICATION: 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