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## Request for Verification of PMP (Project Management Professional) Certification

**Important:** This form is provided to assist the student in requesting official verification of the PMP Certification. The student is solely responsible for supplying Kaplan University with a copy of the official credential certificate for verification.

### ATTENTION STUDENT:

#### AUTHORIZATION FOR RELEASE OF RECORDS (TO BE COMPLETED BY THE STUDENT)

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

SOCIAL SECURITY #: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

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

CREDENTIAL NUMBER: \_\_\_\_\_

I hereby authorize Kaplan University to verify information from PMI (Project Management Institute) regarding my completion of the PMP (Project Management Professional) Certification, which I earned on \_\_\_\_\_.  
(DATE)

\_\_\_\_\_  
(STUDENT 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: 1.800.588.4127  
Attn: Document Team