



Request for Verification of Certified Medical Assistant and/or Registered Medical Assistant Credentials

Important: This form is provided to assist the student in requesting official verification of certified medical assistant and/or registered medical assistant credentials. The student is solely responsible for requesting this verification and any other pertinent documents from the appropriate credential agency.

Attention Student

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

I hereby authorize Kaplan University to verify information from _____ (credential agency) regarding my receipt of the _____ (credential title), which I earned on _____ (date).

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____

HOME ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP) (COUNTRY) HOME PHONE: _____

NAME OF CREDENTIAL EARNED (CMA / RMA): _____

DATES: FROM _____ TO _____

STUDENT AUTHORIZATION: _____

SIGNATURE

DATE

Attention Authorized Agency Official

Verification of Certified Medical Assistant and/or Registered Medical Assistant Credentials Request (to be completed by an authorized staff member)

The student listed above has applied to Kaplan University to receive college credit for receipt of certified medical assistant and/or registered medical assistant credentials, 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 CREDENTIAL EARNED: _____

LOCATION: _____ CITY: _____ STATE: _____

CREDENTIAL IN GOOD STATUS: YES NO DATE: _____

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: 800.588.4127
Attn: Document Team