

EMPLOYMENT VERIFICATION CONSENT FORM

_MFARWATT/FRM/V_01

| To Whom It May Concern: | | | |
|---|--|--|--|
| 1 | authorise the Ministry of | | |
| , | (Applicant's full name) | | |
| Foreign Affairs and Regional Integration, acting through its authorised representative(s) abroad, to contact my | | | |
| previous employer who is list | ed below: | | |
| | | | |
| Name of Employer | | | |
| | | | |
| Address of Employer | Postcode | | |
| Zip Code | | | |
| | | | |
| To Confirm the Following : | | | |
| i) Period of Employment: | From | | |
| ii) Position(s) held | (adminitryyyy) | | |
| | | | |
| , | ······································ | | |
| iii) Department/Section | , | | |
| iv) Line Manager | Employee iD No | | |
| v) Codice Fiscale: | Social Security Number | | |
| | | | |
| vi) Comments (if any) | | | |
| | | | |
| | | | |
| Former Employee Signature | ······ | | |
| omer Employee Signature | ······································ | | |
| Date | | | |
| (dd/mm/yyyy) | | | |



AUTHORISATION FOR RELEASE OF

ACADEMIC RECORDS

| To be filled by Former/Current Student of Foreign Educational Institution | | MFARI/ATT/FRM_01 |
|--|---------------------------------|-----------------------------|
| I, the under signed, give my consent to(Name of | Foreign Educational Inetitution | ••••• |
| for the release of my academic records to the Ministry of Fo | | |
| (MFARI), and its authorised representatives abroad. | - | |
| Surname First & Other Names | | ••••• |
| Previous /Maiden Names or Aliases | | |
| Date of Birth Email Address | | |
| Student ID No. / Index No Certi | ficate No | |
| Student Support No. (SSN) Members | | |
| otudent Support No. (SSN) | sinp 110 | |
| Qualification | Date Start (DD/MM/YYYY) | Date Completed (DD/MM/YYYY) |
| | | |
| i) | | |
| ii) | | // |
| ection below to be filled by ONLY 3 rd Parly Verifying Institution/Person | | |
| | | |
| CONSENT TO PROVIDE INFORMATION TO 3RD PARTY | | |
| also give consent to the MFARI and its authorised | representative(s) | abroad to use |
| to obtain info | ormation on my acad | lemic records from |
| (Name of Educational Institution) | | |
| | | |
| Date | Sign | ature |