



Ollscoil na hÉireann
National University of Ireland

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VERIFICATION REQUEST FORM
(€50.00 PER SEARCH)

OFFICE USE ONLY

DATE RECEIVED

DATE ISSUED

AGENCY NAME	
ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	

GRADUATE DETAILS

SURNAME ; AS ON BIRTH CERTIFICATE / PASSPORT, BLOCK LETTERS, PLEASE	
FORENAME(S) ; IN FULL, AS ON BIRTH CERTIFICATE / PASSPORT, BLOCK LETTERS, PLEASE	
DATE OF BIRTH (DD MM YYYY)	
TITLE OF DEGREE / DIPLOMA	
YEAR OF CONFERRING	
COLLEGE ATTENDED	
STUDENT NUMBER (IF KNOWN)	

GRADUATE CONSENT

I HEREBY AUTHORISE RELEASE OF MY ACADEMIC DETAILS. SIGNATURE REQUIRED - FORMS WITHOUT A SIGNATURE WILL NOT BE PROCESSED
(ATTACH DOCUMENTATION AS APPROPRIATE)

GRADUATE SIGNATURE	
ADDRESS	

METHODS OF PAYMENT

1. CREDIT / LASER CARD	AMOUNT OF PAYMENT: _____ MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> LASER <input type="checkbox"/>
CARD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF EXPIRY: (MMYY, E.G.1109)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NAME OF CARDHOLDER (BLOCK LETTERS PLEASE)	
CARDHOLDER'S SIGNATURE	
2. OTHER PAYMENT METHODS	AMOUNT OF PAYMENT: _____ CASH: <input type="checkbox"/> CHEQUE / OTHER: <input type="checkbox"/>

CASH IS ACCEPTABLE WHERE PAYMENT IS MADE IN PERSON ONLY; OTHERWISE BY CROSSED CHEQUE, BANK DRAFT, POSTAL ORDER
(Please do not staple cheques to the application form)