

REQUEST FOR EDUCATION VERIFICATION

The Betty Irene Moore School of Nursing at UC Davis can provide two options for education verifications:

1. UC Davis Education Verification Letter – provides information regarding program completion and includes the student's name, degree received, start date, and graduation date. Verifications are not transcripts; they do not contain a complete list of courses, grades and grade point average (GPA) for each term. This letter is NOT subject to a processing fee. Please be advised that this letter will be sent back electronically. If you need a mailed or faxed copy, please see option two. For an example of the forms, please follow the links below:
 - a. Education verification for master's-degree graduates (Class of 2015 and beyond)
 - b. Education verification for certificate family nurse practitioner and physician assistant graduates (Classes of 1999-2014)
 - c. Education verification for certificate family nurse practitioner and physician assistant graduates (Classes of 1972-1998)
2. Agency and/or State Licensing Board Specific Form – any specific form that requires the signature of the Program Director will be subject to a processing fee. If your agency requires this form, please send it electronically or by fax, along with this request for education verification form and payment, to SONalumni@ucdavis.edu or (916) 734-3257. Please see part two below for further payment instructions. This form can be returned electronically, by fax, or by mail as requested.

TO ENSURE A TIMELY RESPONSE, PLEASE COMPLETE THE FOLLOWING STEPS:

1. Step One – please email SONalumni@ucdavis.edu or fax to (916) 734-3257 the following documents:
 - a. Request for Educational Verification Form (see next page)
 - b. Release of Information Form Signed by Student
2. Step Two – ONLY if requesting an agency specific form:
 - a. Send a non-refundable \$50.00 check payable to UC Regents (no cash or credit card) to the following address:

University of California, Davis
Betty Irene Moore School of Nursing
Nurse Practitioner/Physician Assistant Program
Education Building
4610 X Street, Suite 4202
Sacramento, CA 95817
Attn: Student Affairs – Education Verification

REQUEST FOR EDUCATION VERIFICATION FORM

** Indicates required field*

*STUDENT NAME:

*GRADUATION YEAR:

*REQUESTING AGENCY:

LICENSING AND/OR CREDENTIALING AGENCY (if different from requesting agency):

*CONTACT NAME:

*E-MAIL:

*FORM REQUESTING: