



The Groden Network
Your Autism Experts

THE GRODEN CENTER, INC.
Administrative Division
610 Manton Avenue
Providence, Rhode Island 02909

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RI Relay Service TTY 711
www.grodencenter.org

The Groden Network
DEGREE VERIFICATION FORM

Section I: (TO BE COMPLETED BY THE EMPLOYEE)

Date: _____
Employee Name: _____ (please print)
(Other Last Names) _____
Date of Birth: _____
Social Security Number: _____
Degree: _____
Date Conferred: _____

College/University Name: _____
Address (Street/PO Box): _____
City/State/Zip Code _____

To Whom It May Concern:

I hereby authorize the above noted college/university to verify my degree/attendance and to send the verification information to:

Human Resources Department
The Groden Center, Inc.
610 Manton Ave.
Providence, RI 02909

Employee Signature/Date

Section II: (TO BE COMPLETED BY COLLEGE/UNIVERSITY)

Dates Attended: _____
Degree/Major _____
Date Conferred: _____