



State of Louisiana

OFFICE OF THE LIEUTENANT GOVERNOR
DEPARTMENT OF CULTURE, RECREATION & TOURISM

Education Verification Form

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Please list your **Highest Level** of education below:

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major	Start Date	Graduation Date
High School					
College or University					
Trade, Business or Correspondence School					

Please read carefully before signing.

I attest with my signature below that I have given OLG/DCRT true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this may constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____