



STATE OF RHODE ISLAND
Bd. of Registration for Professional Land Surveyors
560 Jefferson Blvd, Suite 100
Warwick, RI 02886
(401) 889-5488
www.bdp.ri.gov

VERIFICATION OF EDUCATION

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____

Date of Birth: _____

The above listed individual has filed an application for a certificate of qualification as a Professional Land Surveyor with this Board. Please complete the information requested in the sections below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information secured from references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

The Rhode Island State Board of Registration for Professional Land Surveyors requires that the that the "Technical Course" and "Degree(s) Received" columns be filled in by the Registrar's Office.

4. EDUCATION

<u>FROM</u>	<u>YEARS</u>	<u>TO</u>	<u>DATE GRADUATED</u>	<u>TECHNICAL COURSE</u>	<u>DEGREE RECEIVED</u>

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

POSITION: _____

DATE: _____

SCHOOL: _____