

Report, and

Office
Address
City, State/Province
Zip/Postal Code

SELECT REFERENCE FOR/APPLICANT

Dear REFERENT:

The above named individual has applied for employment with Business and Professional Public Assistance (BPPA) since he/she obtained a BPPA Card from a participating State Office. In order to ensure the appropriate and efficient use of resources, the applicant has agreed to accept conditions permitting you to provide the information requested herein and you are requested to complete the information requested.

Please verify the information supplied by (APPLICANT) and answer the following questions regarding (APPLICANT) unless noted to the contrary.

Degree received by (APPLICANT): _____ (REFERENT)
Date (APPLICANT) attended (REFERENCE): _____ (PROVIDE DATE OF ATTENDANCE)

Is the preceding information correct? _____
Type and level of institution: _____
Is your institution accredited? _____
What type of degree/certificate was received? _____
How was the information obtained? _____
Information furnished by: _____

Thank you for your cooperation and prompt response.

Sincerely,

(Typed Name)
Title
BPPA Card Issuance
(City, State, Zip)

(Typed Name)
Title
BPPA Card Issuance
(City, State, Zip)