

Date: _____

Verification of Certification

Full Legal Name: _____

Date of Birth: _____ Last 4 of SS#: _____

Where did certifications come from?: _____

IFSAC Seal No.: _____

Level(s) to be verified: _____

Email address to send results: _____

Phone #: _____

Requestor's Name: _____

Notes: _____

Please return completed form to admin@ifsac.org at your earliest convenience.

Please allow at least 3-5 business days to process your request. Process times could be sooner.

FOR OFFICE USE ONLY

Verification Information: _____

Date Verified: _____

Date Sent to Requestor: _____