

MY EXPRESS WRITTEN CONSENT FOR DEGREE VERIFICATION

I, (Full Name) _____ give my express written consent and permission to QiQ Research, Inc. to obtain, verify and provide my educational qualifications and degree.

My Signature: _____

Date: _____
Month, Day, Year

My current address is:

Street: _____

City: _____

State or Province: _____

Zip Code or Postal code: _____

Country: _____

Date of Birth: _____
Month, Date, Year

Some universities may require Social Security Number and providing this number will help you get results faster.

SSN: _____

Please fax the signed consent to:

+1-808-356-1638 (USA) / +81-3-3227-1088 (Japan)