## **C:\Users\user\Desktop\nab logo.pngNATIONAL ACCREDITATION BOARD**

## **CREDENTIAL EVALUATION**

**CONSENT FORM**

FULL NAME

|  |  |  |
| --- | --- | --- |
| FIRST NAME | MIDDLE NAME | SURNAME |

PREVIOUS NAME (IF APPLICABLE)

|  |  |  |
| --- | --- | --- |
| FIRST NAME | MIDDLE NAME | SURNAME |

DATE OF BIRTH

ADDRESS

|  |
| --- |
|  |
|  |

|  |
| --- |
| (dd/mm/yyyy) |

DETAILS OF QUALIFICATION(S)

|  |  |  |
| --- | --- | --- |
| INSTITUTION NAME | COUNTRY | DATES ATTENDEDFrom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/yyyy) (mm/yyyy) |
| QUALIFICATION(S) | YEAR OF AWARD | STUDENT # |

In connection with an application for evaluation of my credential, which includes verification of its authenticity, I authorise the release of information on my enrolment, academic records and awards to National Accreditation Board, Ghana.

Name:……………………………………………………………………………………………………………………………………………

Sign……………………………………………………………………. Date: ………………………………………………………………

The National Accreditation Board is the agency established by the Government of the Republic of Ghana to among other functions, evaluate certificates awarded by recognised institutions in Ghana and elsewhere.