

# Foreign Degree Evaluation Authorization Form

I, \_\_\_\_\_, authorize the below individuals to be included on all correspondence regarding the Foreign Degree Reimbursement process through the Pennsylvania Key. I understand this agreement only applies to Foreign Degree Reimbursement and communications with The Pennsylvania Key.

**Individual Signature**

**Date**

**Authorized Contact Signature**

**Date**

**Authorized Contact Role (select one):**

Director Assistant Director

Education Coordinator

ELRC Quality Coach