

REQUEST FOR VERIFICATION OF EMPLOYMENT

Section 1: Employee Information

Date: (Month/Day/Year) _____

Name: _____

Social Security Number: _____ - _____ - _____

Telephone #: _____

Signature: _____

Section 2: Release Information

Please indicate the **company name** and **address** where your information will be sent:

OPTIONAL - Please list specific information to be included in your letter, (e.g., salary, hours, etc.) If no information is listed a standard letter will be processed.

Please indicate how your letter should be sent (Check one):

_____ Letter will be picked up by the employee *

_____ Mail to your home, or

_____ Mail or _____ fax to company at address listed above