

EMORY UNIVERSITY

Human Resources

REQUEST FOR VERIFICATION OF EMPLOYMENT

Signed authorization from the individual in question is required before employment verification information may be released.

SECTION I (To be completed by employee).

I hereby authorize the Human Resources Data Services Department to release the information indicated below. Additionally, I release Emory University from all liability whatsoever for issuing the requested information.

PRINT OR TYPE
EMPLOYEE NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

SECTION II (To be completed by the Human Resources Data Services Department)

I certify that the records of Emory University reveal the following on the employee indicated above.

EMPLOYMENT PERIOD _____

POSITION _____

BASE SALARY _____

CURRENT STATUS _____

SIGNATURE OF PERSON VERIFYING _____

PRINTED OR TYPED NAME _____

POSITION _____

DATE _____

TELEPHONE# _____