IBM®

Employment Verification and Compensation Release Authorization Form

Forward the completed form:
Via Fax: **1-845-491-5596**
Via mail to:
IBM Corp.
Employee Services Center
3039 Cornwallis Road
Building 201
Research Triangle Park, NC 27709
Attn: Employment Verification

Name: _____

Serial #_____ **Contact #**_____

I authorize IBM to release information relative to my employment with the IBM Corporation to _____
(Company Name or Person to release to)

I authorize the release of the following information (Please check one):

☐ **Standard:** date of employment, employment type, employment status and position **(no salary).**

☐ **Current plus 2 years of compensation:** date of employment, employment type, employment status, position and base monthly salary.

I wish to have this information sent by (enter the appropriate information below):

Fax To: _____- _____- _____

Attention To: _____
or
Mailed to this address: _____
                                         _____
                                         _____

Employee Signature _____**Date**_____

Note: *Verification of employment is only available during normal Employee Services Center (ESC) hours. Please allow 3 business days for a return verification letter or 5 – 7 business days for letters that are being requested to be mailed.*