



# LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

## EMPLOYMENT VERIFICATION REQUEST FORM

CUNYfirst ID \_\_\_\_\_

Name \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ext. \_\_\_\_\_

Email \_\_\_\_\_

### **Address Employment Verification to:**

Company Name \_\_\_\_\_

C/O Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Would you like us to include your salary information?    Yes        No

I hereby authorize LaGuardia Community College to release information regarding my employment to the above Person, Company or Organization.

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Please send this form to [EmploymentVerification@lagcc.cuny.edu](mailto:EmploymentVerification@lagcc.cuny.edu)