

EMPLOYMENT HISTORY REQUEST FORM

DATE

SOCIAL SECURITY #

PENSION #

JOB TITLE

NAME

ADDRESS

City

State

Zip Code

DEPARTMENT

TELEPHONE/EXT.

EMAIL ADDRESS

SEND TO AGENCY

TRS

BERS

NYCERS

PSC

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

Name(Print): _____

Signature: _____