

# EMPLOYMENT VERIFICATION REQUEST FORM

**DATE**

**SOCIAL SECURITY #**

**JOB TITLE**

**NAME**

**ADDRESS**

**City**

**State**

**Zip Code**

**DEPARTMENT**

**TELEPHONE/EXT.**

**ADDRESSED TO WHOM**

**NAME**

**ADDRESS**

**City**

**State**

**Zip Code**

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.

**Name(Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_