

EMPLOYMENT VERIFICATION REQUEST FORM

DATE

SOCIAL SECURITY #

XXX-XX-

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

Please send this form to EmploymentVerification@lagcc.cuny.edu

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

Name(Print):

Signature