



LaGUARDIA COMMUNITY COLLEGE

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

PENSION EMPLOYMENT HISTORY REQUEST FORM

Title _____ Date _____

Social Security# _____ Pension # _____

Name _____

Address _____

_____ City _____ State _____ Zip _____

Department _____

Phone _____ Ext. _____

Email Address _____

SEND TO AGENCY:

TRS

PSC

BERS

NYCERS

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

Print Name _____

Signature _____