



## Offsite: Employment Verification Request Form

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Title: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_

Requestor's Email: \_\_\_\_\_

Fax # (that the verification will be sent to): \_\_\_\_\_

ID checked by: \_\_\_\_\_

**Note: A signed release is required. If you are emailing this form please attach the signed release to the email.**

Please select the information you would like the Student Employment Office to verify:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Salary/Hourly Pay: \_\_\_\_\_

Department: \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

**Verifications will be faxed.**

**\*\*Please note our turnaround time is 3 business days from the date of request. \*\***

**Thank you.**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_