Verification of Employment Release Form

Employee Information

Full Name:

Position/Job Title:

Department:

Employee ID (if applicable):

Employer Information

Company Name:

Company Address:

Supervisor/Manager Name:

Contact Phone:

Contact Email:

Employment Details

Start Date:

End Date (if applicable):

Current Employment Status:

Authorization

I hereby authorize the release and verification of my employment information to the requesting party.

Employee Signature:

Date:

Submit