

Employment Verification Release Form

I hereby authorize [Company Name] to verify my employment information as requested below.

Employee Name:

Employee ID/Number:

Date of Birth:

Name of Requestor (if not self):

Organization (if applicable):

Contact Phone/Email:

Information to be released (check all that apply):

- Dates of Employment
- Job Title
- Salary Information
- Other (specify below)

Other Information:

By signing below, I authorize the release of the above employment information.

Employee Signature:

Date:

Submit