

Third Party Employment Verification Request Form

Please fill out this form to authorize the release of employment verification information to a third party. Once completed, please print and sign this form.

Employee Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Employee ID or Last 4 Digits of SSN:

Phone Number:

Third Party / Requester Information

Company/Organization Name:

Contact Person Name:

Job Title of Requester:

Phone Number:

Email Address:

Mailing Address:

Purpose of Verification (e.g., Mortgage, Tenancy, Loan):

Information Requested

Specify the types of information authorized for release (Type "Yes" or "No" in the fields below):

Employment Dates (Start and End):

Job Title and Position:

Salary and Compensation History:

Authorization Statement

I hereby authorize my employer to release the employment and/or salary verification details indicated above to the designated third party. I release my employer from any and all liability for providing this information in good faith.

Employee Printed Name:

Employee Signature (Sign after printing):

Date (MM/DD/YYYY):