



**COLLEGE OF COASTAL GEORGIA
EMPLOYMENT VERIFICATION
CONSENT FORM**

HUMAN RESOURCES DEPARTMENT
Hargett Administration Building
One College Drive
Brunswick, GA 31520
Fax to: 912-280-1543

I, _____ authorize the College of Coastal Georgia to
Please Print Clearly

release the following information:

I am requesting an Employment Letter to include:

Salary Position Dates of Employment

Other instructions _____

OR

I am requesting that HR completes the sender's verification form from _____
Company's Name

to include:

Salary Position Dates of Employment

Other instructions _____

Signature: _____ Date: _____

Last four digits of **SSN**: _____

Verbal Confirmation Date: _____

Note: Letters which have not been picked up after 5-business days will be discarded.