



Release Form for Employment Verification (PLEASE ALLOW 3-5 WORKING DAYS)

Employee Name (PLEASE PRINT) _____

Today's Date _____

_____ **OR** _____ - _____ - _____
Panther Number SSN Daytime Phone Number Campus E-mail

- Please indicate information that may be released:
- Salary
 - Dates of Employment
 - Job Title
 - Other (State below)

If not currently employed by Georgia State University, list (approximate) beginning and ending dates at GSU: From: _____ to: _____.

CHOOSE ONLY ONE OPTION BELOW:

_____ I will pick up. Please call the above number when ready (you will be asked to present picture identification when picking up the verification).

--OR--

_____ I authorize Georgia State University to release the above employment information, without liability to:

Company: _____
Name of Contact Person: _____
Address: _____
City, State, Zip: _____
Phone/Fax: _____

Signature of Employee

HRIS/Records Office Phone: (404) 413-3339
Fax: (404) 413-3338