



**Human Resources Division**

Office Of Records & Information Services  
7 East 12<sup>th</sup> Street, 2<sup>nd</sup> Floor  
New York, NY 10003-4475

**Employee Request for Verification of Employment**

Date: \_\_\_\_\_

Memorandum to: Office of Records and Information Services

Please respond to a request to verify my employment.

The request is attached or was mailed to you.

or

Please prepare a letter verifying the information checked below to:

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Verify the following information (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> DATES OF EMPLOYMENT | <input type="checkbox"/> GARNISHEE RECORD (If Any) |
| <input type="checkbox"/> SALARY              | <input type="checkbox"/> HOUSING AUTHORITY FORM    |
| <input type="checkbox"/> POSITION TITLE      | <input type="checkbox"/> SEE ATTACHED              |
| <input type="checkbox"/> HOME ADDRESS        | <input type="checkbox"/> OTHER _____               |

The university *has* my consent to submit the above information

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Extension: \_\_\_\_\_

In order to process this information as a service to you, please sign and date this form in the space provided and return to the **Records Office**. Please be advised that ***No Information Will Be Released Without This Form.***