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Kalamazoo Office
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 Kalamazoo, MI 49009
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Request for Verification of Employment

Signed authorization from the individual in question is required before employment verification information may be released.

SECTION I (To be completed by Employee)

I hereby authorize the Human Resources Department to release the information indicated below, and release

_____ (name of employer) from all liability whatsoever for issuing the requested information.

 Print Employee Name

 Social Security Number

 Signature

 Date

SECTION II (To be completed by the Human Resources Department)

Name of Employer _____

Address _____

Phone Number _____

This is to certify that _____ (name of employee)

worked for _____ (name of employer)

as a _____ (position)

from _____ (dates of employment).

 Name of Institution Official

 Title

 Signature

 Date