



Employment Verification and Compensation Release Authorization Form

Forward the completed form:

Fax #: 508-357-7220

OR

Mail: IBM -Employee Services Center
Attn: Employment Verification
5411 Page Road
Durham NC 27703

Name: _____

Serial # _____ **Contact #** _____

I authorize IBM to release information relative to my employment with the IBM Corporation to _____
(Company Name or Person to release to)

I authorize the release of the following information (Please check one):

- ☐ **Standard:** Date of employment, employment type, employment status and position (**no salary**).
- ☐ **Base monthly salary,** date of employment, employment type, employment status and position and base monthly salary.
- ☐ **Current year to date compensation,** date of employment, employment type, employment status, position and base monthly salary.
- ☐ **Current plus 1 year of compensation,** date of employment, employment type, employment status, position and base monthly salary.
- ☐ **Current plus 2 years of compensation,** date of employment, employment type, employment status, position and base monthly salary.

I wish to have this information sent by (enter the appropriate information below) :

Fax To: _____ - _____ - _____

Attention To: _____

OR

Mailed to this address: _____

Employee Signature _____ **Date** _____

Note: *Verification of employment is only available during normal ESC hours. Please allow 3 business days for a return verification letter or 5 – 7 business days for letters that are being requested to be mailed.*