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