

It is the responsibility of Southern Illinois University Edwardsville to protect the privacy of its employees. As a service to its Student Workers, the Student Employment Office at Southern Illinois University Edwardsville is committed to providing employment verification of Student Workers for the purposes of bank loans, credit references, employment opportunities, etc. To ensure the quality and accuracy of verification, please follow the procedure for completing this form.

PROCEDURE: Please print a copy of this form and complete the following information pertaining to the Student Worker. Check the box(es) next to each item that is being requested. It is University policy to not release any information to an outside agency, unless required by law, without signed release by the individual. Therefore, this form must be signed by the employee. Please fax, mail, or email the completed form to the following address:

Student Employment
Southern Illinois University Edwardsville
Campus Box 1030 Edwardsville, IL 62026-1030
Fax: 618-650-2566

***Please allow up to 5 business days for reply to all employment verifications.**

Step 1: Employee Information

Last Name: _____ First Name: _____ Middle Initial: _____

Soc. Sec. Number (Last 4 digits): _____ UnivID# _____

Step 2: Type of Verification (Please Check Box(es) of Interest)

- | | |
|--|--|
| <input type="checkbox"/> Original Hire Date | <input type="checkbox"/> Rates of Pay |
| <input type="checkbox"/> Date of Termination (if applicable) | <input type="checkbox"/> Hours worked per Pay Period |
| <input type="checkbox"/> Position/Title | <input type="checkbox"/> Current Year's Gross Earning |
| <input type="checkbox"/> Employee Status | <input type="checkbox"/> Previous Year's Gross Earning |

Step 3: Delivery Method (Please Check One Box)

- ☐ Sent via Email-to-Email Address: _____
- ☐ Pick up in Student Employment Office (You will be notified when your verification is ready)
- ☐ Fax (If you select "fax" please provide the following information for who you want the fax sent to)
- Company Name: _____ Attention To: _____
- Fax Number: _____ Phone Number: _____

Step 4: Employee Authorization for Release of Information

I, _____, hereby authorize Southern Illinois University Edwardsville to fully disclose employment and income information to _____ for the purposes of verifying employment information. By signing below, I certify that I have read and understand the terms of this employment verification. Southern Illinois University Edwardsville operates in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of others being investigated. This includes the use of my Social Security Number to conduct the requested employment verification and for other administrative functions related to the verification process. A Statement of Purpose for collection of my Social Security Number is available upon my request.

(Print Name)

(Signature)

(Date)

Requestor's Contact Information:

Phone Number: _____

Address: _____
