

Graduate School | Box 1046 | Edwardsville, IL 62026 | Phone: 618.650.3010 | Fax: 618.650.3523

It is the responsibility of Southern Illinois University Edwardsville to protect the privacy of its employees. As a service to its Graduate Assistants, the Graduate School at Southern Illinois University Edwardsville is committed to providing employment verification of Graduate Assistants 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: Check the box(es) next to each item that is being requested. The first 3 steps of the form may be complete electronically but step 4 (Employee Authorization for Release of Information) must be completed by hand. 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:

The Graduate School
Southern Illinois University Edwardsville
Campus Box 1046
Edwardsville, IL 62026-1046
Fax: 618-650-3523 Phone: 618-650-3010 Email: graduateschool@siue.edu

*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) XXX-XX-_____ Banner ID (if applicable) _____

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

- | | |
|--|--|
| <input type="checkbox"/> Original Hire Date | <input type="checkbox"/> Rate 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 the Graduate School (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: _____
