

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:** Please print a copy of this form and complete the following information pertaining to the Graduate Assistants. 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:

**The Graduate School**  
Southern Illinois University Edwardsville  
Campus Box 1046  
Edwardsville, IL 62026-1046  
Fax: 618-650-3523 Phone: 618-650-3010

\*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: \_\_\_\_\_  
\_\_\_\_\_