

REQUEST FOR LETTER OF VERIFICATION

We require a picture ID on all requests before a verification letter can be written. In addition, this verification form must also be signed and dated.

Faxed requests should be sent on the *lightest setting* to enable best viewing of documentation.

Fax # 801-581-8462 or send via our [secure email](#) site. **Do Not** send this via normal email– include signed/dated form and picture identification.

PLEASE ALLOW A MINIMUM OF 3 DAYS TO COMPLETE THIS REQUEST

DATE: _____

NAME: _____

SSN: _____

EMPLOYEE ID: _____

CONTACT NUMBER: _____

FOR OFFICIAL USE ONLY

ID CHECK: _____

PREFERRED METHOD TO RECEIVE COMPLETED VERIFICATION:

Mail: **Fax:** **Pickup:** **Email pdf:** (Email sent only to employee)

Address for mailing: _____

Number for faxing: _____

Email address: _____ (If email is requested, this line **MUST** be completed.)

Please indicate information you wish to verify:

- ___ Start Date
- ___ End Date
- ___ Position Held
- ___ Salary
- ___ Salary Year-to-Date
- ___ Full-Time
- ___ Part-Time
- ___ Other: _____

IF EMPLOYED BEFORE 1999, PLEASE ENTER THE START DATE YEAR HERE: _____

By signing, I hereby authorize the University of Utah Human Resources Division to release any necessary information to verify my employment or other information as indicated above. I understand that this information is documented in the electronic employment database utilized by the University or, if before 1999, may require a search through other documentation.

Signature _____ Date