



I hereby authorize SUNY Upstate Medical University to release information relative to my employment, including: Job title, dates of employment and wage earnings to the following requestor(s) of such information:

Upstate ID# _____
Name: _____
Street: _____
City, State, Zip: _____

My records are under the following name(s): _____

Return via the following option: ☐ Pick Up ☐ Fax: _____ ☐ Mail

Please include salary information on the Employment Verification: ☐ Yes ☐ No

Signature: _____

Last 4 digits of your Social Security #: _____

Today's Date: _____ Date of Birth: _____ Phone Number: _____