

**Washtenaw Community College  
Office of Human Resource Management  
Verification of Employment**

Please fill out completely

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

**1. Person or Agency requesting verification of employment**

\_\_\_\_\_  
\_\_\_\_\_

**2. Address of Agency/Person**

\_\_\_\_\_  
\_\_\_\_\_

**3. Detailed description of the information wanted on the verification of employment letter**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Requested information may take up to 3 days to process\***

**I, the undersigned, do hereby authorize the Office of Human Resource Management to release the information described above to the agency/person indicated above.**

\_\_\_\_\_  
Signature of WCC employee

- Pick up  
 Mailed to the address stated above in #2  
 Campus mail (Address \_\_\_\_\_)

Revised: 7/29/04