



Office of Human Resource Services

2900 Bedford Avenue, Brooklyn, NY 11210

Tel: (718)951-5377 Fax: (718)951-4859

[www.brooklyn.edu/](http://www.brooklyn.edu/)

## Request for Employment Verification

Please be advised that in order to protect your personnel record from unauthorized access, Brooklyn College will adhere to a University policy whereby no evaluative or factual information regarding your employment will be released through its authorized designee without your consent, except to CUNY and other non-investigatory governmental agencies, the Human Resources Administration, the Department of Health, Education and Welfare, or upon subpoena. Therefore, if you should wish us to respond to the attached "Reference Request", please sign and return the attached form to the Office of Human Resource Services, Room 1231 Boylan Hall, Monday – Friday 9:00 a.m. – 5:00 p.m. or e-mail to [HRVerifications@brooklyn.cuny.edu](mailto:HRVerifications@brooklyn.cuny.edu).

### A: Required Information:

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### B: Information to be Verified:

\_\_\_\_\_ Dates of Employment \_\_\_\_\_ Department  
\_\_\_\_\_ Current Salary \_\_\_\_\_ Title  
\_\_\_\_\_ Hours \_\_\_\_\_ Status

Other: \_\_\_\_\_

### C: Delivery Instructions:

\_\_\_\_\_ Pick up: \_\_\_\_\_ Contact #: \_\_\_\_\_  
\_\_\_\_\_ Fax to: \_\_\_\_\_ Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_ Mail to: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Email to: \_\_\_\_\_

I hereby authorize Brooklyn College through its authorized designee to release factual and evaluative information regarding my employment in response to this written inquiry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date