University of San Diego
Human Resources
Maher Hall, Room 101
5998 Alcalá Park
San Diego, CA 92110-2492

EMPLOYMENT VERIFICATION CONSENT & AUTHORIZATION

Use this form to authorize the release or verification of your employment information.

Employee Information

Employee Name: _____

Employee ID (Optional): _____

Date of Birth: _____

Verification Request

Requesting Individual/Organization: _____

Phone/Email: _____

Information Authorized for Release

☐ Employment Status
☐ Job Title
☐ Dates of Employment
☐ Full-Time / Part-Time Status
☐ Salary/Compensation (if permitted by policy)
☐ Other: _____

Authorization

This authorization is voluntary and permits the employer to verify or release only the information selected above to the requesting party identified on this form.

Authorization Expires: ☐ Upon completion of this request ☐ On: _____

I understand I may revoke this authorization in writing before information is released, unless action has already been taken in reliance on this authorization.

Employee Acknowledgment

Employee Signature: _____ Date: _____

Printed Name: _____

HR Use Only

Processed By: _____

Date Verification Completed: _____