



**EMPLOYMENT VERIFICATION FORM**

I hereby authorize Fort Bend ISD to release information regarding past/ present employment, including salary information and any other information requested.

**My information is as follows:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Verification letters will include position, active status and last dates of employment.

If you need additional information, please check below:

- Salary
- Previous Employment Dates
- Other: \_\_\_\_\_

\_\_\_\_: **Please check if you are going to pick up the documents from Human Resources**

\_\_\_\_: **Please check and include email address:** \_\_\_\_\_

\_\_\_\_: **Please check and include fax number:** \_\_\_\_\_

**Please fill out section below ONLY if you are requesting information to be forwarded by mail.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\*\*THERE IS A 24-48 HOUR TURN AROUND PERIOD FOR ALL VERIFICATION OF EMPLOYMENT REQUESTS.**