Human Resources 11000 University Parkway Building 20E Pensacola, FL 32514-5750 850-474-2694

## **UNIVERSITY OF WEST FLORIDA Verification of Employment Release**

	Current Employee	Former Employee (ch	neck one)
First Name	MI Last Name		Maiden Name
employee of the University of West Florid records, please indicate	da to release the inforn	nation indicated below	w. To assist us in locating your
Hire date		Year-to-date earning	gs
Last date employed, if applicable		Past year earnings	
Current title		All requested inform	ation
Current gross	pay		
Please indicate how and	d to whom the informat	tion is to be released:	
Employee via campus m	ail / Employee pick up	Employee via U.S. Ma	iil
Other. Please list the nar	me and contact information	of the person / company	you wish the information to be released to:
Signature		Date	

\*\*Note: This authorization is valid only for one release of information and only to the person/company listed.

Revised: 03/11/2024