



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

EMPLOYMENT VERIFICATION REQUEST FORM

Name _____ SSN XXX-XX-_____

Job Title _____

Department _____

Address _____

Phone _____ City _____ State _____ Zip _____

_____ Ext. _____

Address Employment Verification to:

Company Name _____

C/O Name _____

Address _____

_____ City _____ State _____ Zip _____

Would you like us to include your salary information? Yes No

I hereby authorize LaGuardia Community College to release information regarding my employment to the above Person, Company or Organization.

Print Name _____ Date: _____

Signature _____

Please send this form to EmploymentVerification@lagcc.cuny.edu