

<input type="checkbox"/> I am requesting a letter <input type="checkbox"/> I am requesting to release information	<b>Mail or fax request to:</b> SSC Verification of Employment Wolverine Tower 3003 S. State Street Ann Arbor, MI 48109-1299 Fax: 734-936-9792
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**Request for release of information regarding earnings paid to an individual by the University of Michigan.**

Last Name:	First Name:	Middle Name:
UMID:	Social Security Number (if UMID unknown):	

**\*\*For security reasons, completed verifications will NOT be faxed or emailed.\*\***

**If selecting a letter, please select one of the following return options:**

<input type="checkbox"/> Please include contact information. Pickup verification at: <b>Shared Services Center          1000 Victors Way          Ann Arbor, MI 48108</b>	Contact Telephone:
	Contact Email:
<input type="checkbox"/> Mail verification to this address.    (Also include contact information.)	Contact Telephone:
	Contact Email:
	Contact Telephone:
	Contact Email:

**Please select information you would like included in the letter:**

<input type="checkbox"/> Employment Dates for (please check one):	<input type="checkbox"/> Current Job <input type="checkbox"/> Entire History (only available from 2001 to present.) <input type="checkbox"/> Single Position _____
<input type="checkbox"/> Earnings for Specified Years (Earnings only available from 2001 to present.)	Year From: _____ Year To: _____
<input type="checkbox"/> Special Request Information	
Other Job Information	<input type="checkbox"/> Job Title(s) <input type="checkbox"/> Salary <input type="checkbox"/> Hours (Full Time or Part-time/Only)

<b>Authorization to Release Signature:</b>		<b>Date:</b>
<b>Requested by:</b>	<b>Signature:</b>	<b>Date:</b>