

<input type="checkbox"/> I am requesting a letter <input type="checkbox"/> I am requesting to release information	Mail or fax request to: 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: Shared Services Center 1000 Victors Way Ann Arbor, MI 48108	Contact Telephone: Contact Email:
<input type="checkbox"/> Mail verification to this address. (Also include contact information.)	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 (Earnings 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)	

Authorization to Release Signature:	Date:
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Requested by:	Signature:	Date:
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