



EMPLOYMENT VERIFICATION AND COMPENSATION RELEASE AUTHORIZATION FORM

Full Name:	
Employee ID #:	

I authorize Athens Technical College to release information relative to my employment with Athens Technical College to: _____
(Company name or person to release to)

I authorize the release of the following information (choose ALL that apply):	
<input type="checkbox"/>	Standard: date of employment, employment type, employment status, and position (no salary)
<input type="checkbox"/>	Compensation: salary information (e.g., annual compensation, monthly compensation, etc.)

I wish to have this information sent via (choose one):	
<input type="checkbox"/>	Fax to:
<input type="checkbox"/>	Mail to:

Employee Signature:	
Date:	

Note: Verification of employment is only available during normal Human Resources Office hours. Please allow 24 hours for a return verification letter of 3-5 business days for letters that are being sent by mail.