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 (check one)

I, _____ _____ _____ _____
First Name MI Last Name Maiden Name

employee of the University of West Florida, UWF ID, _____ authorize the University of West Florida to release the information indicated below. To assist us in locating your records, please indicate your estimated dates of employment and job title:

☐ Hire date
☐ Last date employed, if applicable
☐ Current title
☐ Year-to-date earnings
☐ Past year earnings
☐ Current gross pay
☐ All of the above

Please indicate how and to whom the information is to be released:

☐ Employee via campus mail / Employee pick up ☐ Employee via U.S. Mail ☐ Email (please provide)

☐ Other. Please list the name 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.**