



## VERIFICATION REQUEST

Name: \_\_\_\_\_ **BYU ID#** \_\_\_\_\_  
(please print legibly)

**Info to be released to:** \_\_\_\_\_  
(organization)

By signing below, you are authorizing us to provide all employment dates and titles to the above-named organization. If any other information is needed, please specify in the "Other" category.

Please include wage information

Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Due Date (if applicable): \_\_\_\_\_

Please send a copy to the following email address: \_\_\_\_\_