



EMPLOYMENT VERIFICATIONS CONSENT FORM

Human Resources Department
Administration Building
3700 Altama Avenue
Brunswick, Georgia 31525

Employment Verifications

Fax to: (912) 280-1543

Authorization to Release Information (Complete and Sign)

I, _____ authorize the Human Resources Department to
Please Print Clearly

Include my salary _____; please **do not** include my salary _____.

Note: I understand that standard employment information will be provided and that employment verifications are handled via **fax or mail** and is processed **within 5-business days** from the receipt of my request. This authorization is valid for **ONE YEAR** after my signature.

I am requesting an Employment Letter _____ I am **not** requesting an Employment Letter _____

My Signature: _____ Date: _____

Last four digits of my **SSN**: _____ or my **Employee ID#** _____

Note: Letters will be discarded after 5-business days.