

Instructions: Employee must complete and return to Payroll Services, UPD Building, Third Floor, Extended zip (0046). Allow a minimum of 2-3 business days for processing.

EMPLOYEE INFORMATION		
Last Name:	First Name:	Middle Initial:
Employee ID Number:	Last 4 digits of SSN: XXX-XX-	Telephone:
TYPES OF SERVICE		
<p>Instructions: Check one of the following boxes to authorize the release of confidential information.</p> <p><input type="checkbox"/> Basic Verification</p> <ul style="list-style-type: none"> • First name, middle initial, and last name spelled out • Employment status (Active/ Inactive and Part-Time/Full-Time) • Job title • Most recent start and/or termination date <p><input type="checkbox"/> Basic PLUS Verification</p> <ul style="list-style-type: none"> • All Basic Verification • Monthly rate of pay <p><input type="checkbox"/> Full Verification</p> <ul style="list-style-type: none"> • All Basic PLUS Verification • Gross earnings year to date with a breakdown for overtime • Gross earnings for prior two years <p><input type="checkbox"/> Faculty Only</p> <ul style="list-style-type: none"> • WTE • FTE 		
METHOD TO RELEASE INFORMATION		
<input type="checkbox"/> Call number above when ready for pick up	<input type="checkbox"/> Send to agency or recipient stated below	
I hereby direct and authorize San José State University to release the indicated confidential information to:		
_____	_____	_____
Agency/Name of Recipient	Fax Number	Phone Number
_____	_____	
Address	Email Address	
ACKNOWLEDGMENT		
I release San José State University and any employees thereof from any and all responsibility should any damages result from the release of this information.		
_____	_____	
Employee Signature	Date	