

RELEASE OF CONFIDENTIAL INFORMATION

Instructions: Complete and email to empverification@sjsu.edu. Allow a minimum of approximately 48 hours.

EMPLOYEE INFORMATION				
Name:		Employee ID Number:	Telephone:	
Department/College:				
I hereby direct and authorize San José State University to release the indicated confidential information to:				
Name/Agency				
Addre	Address			
AUTHORIZATION				
	Current monthly salary			
	Total gross salary for past 12 months			
	Social security number			
	Employment dates			
	Other:			
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.				
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Empl	oyee Signature	D	ate	