

LEE COLLEGE

## Release for Employment Verification

**HUMAN RESOURCES OFFICE**

Rundell Hall, Room 201

Office: 281.425.6875 • Fax: 281.425.6568

Email: hr@lee.edu • Website: www.lee.edu/hr

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Employee Name: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

**Instructions:**

Please read the following statements and sign below.

I, \_\_\_\_\_, hereby authorize my prior employer(s) to release any and all information relating to my employment with them to Lee College. I understand that any information released by my prior employer will be held in the strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Employee Signature: \_\_\_\_\_

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

FOR HR USE ONLY: LC EMPID# : \_\_\_\_\_