



**THE  
CITADEL**  
THE MILITARY COLLEGE OF SOUTH CAROLINA

**EMPLOYMENT VERIFICATION RELEASE FORM**

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

I, \_\_\_\_\_, SS# \_\_\_\_\_,  
Employee Name Social Security #

authorize The Citadel to complete the Employment Verification Request from

\_\_\_\_\_  
Company/Organization Name

The following information should be released:

- Hire Date
- Job Title
- Salary
- Current YTD earnings
- Past YTD earnings
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Return the completed form to Human Resources.**