



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

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Authorization for Release of Information

This form is to be used as a formal request for an employment verification letter from an employee/former employee of the Borough of Manhattan Community College/CUNY.

A. REQUIRED INFORMATION

Name: _____	SSN [Last 4 Digits]: _____
Email: _____	Employee ID #: _____
	Phone: _____

B. INFORMATION TO BE VERIFIED

I am requesting an employment verification letter containing the following:

Check all that apply

- Employment Status (Active/Terminated, Title, Rate of Pay, Start Date/End Date)
- Service History **(It is the responsibility of the employee to submit the employment history letter to TRS or NYCERS)
- Other: _____

C. DELIVERY INSTRUCTIONS

Check all that apply

- Email to: _____
- Fax# _____
- Company/Contact Name/Phone #: _____

D. EMPLOYEE AUTHORIZATION

Signature

Date