

EMPLOYEE VERIFICATION REQUEST FORM

Your Name: _____

Where do you work (to be verified)?: _____

Your Social Security # _____ - _____ - _____

Your Street Address: _____

City: _____ State: _____ Zip Code: _____

Your Telephone/Cell # _____

Select type of Verification: **Employment Only** (e.g., dates & position) **Employment & Income** (may take longer to process)

Additional Information Needed: _____

For what purpose will the verification be used? _____

PLEASE NOTE: if a lender, pre-employment screening firm or prospective employer needs to verify your information, please direct them to **www.experianverify.com** where they can secure this information. *Generally speaking, a third party verifier will not accept employment and/or income documentation provided to them directly by the employee.*

Completed report can only be sent back to employee: (Please select only ONE below)

Fax to # _____

Mail to Address: _____

Email Address: _____

AUTHORIZATION FOR RELEASE OF EMPLOYEE INFORMATION

I hereby authorize uConfirm to release information concerning my current or past employment, including employment dates, job title, pay rate and history. I release uConfirm and the employer from all liability for issuing the requested information.

Employee Signature: _____ Date _____

Please fax, send or email completed form along with a copy of your PHOTO ID (e.g. work or gov't issued) to:

Experian Employer Services
P.O. Box 1971
Woodstock, GA 30188
Phone: (404)382-5400
Fax: (404) 829-1336
verify.support@experian.com