RELEASE OF INFORMATION FORM

I, ________________________________, do hereby authorize the University of Illinois’ Academic Human Resources to release the requested information for verification of Employment & Salary to:

__________________________________________________________________________.

________________________
EMPLOYEE’S SIGNATURE

________________________
UNIVERSITY IDENTIFICATION NUMBER (UIN)

________________________
DATE

PLEASE RETURN SIGNED FORM TO:

Academic Human Resources
Employment Verification
Suite 420 IUB, 807 S. Wright St., MC-310
Champaign, IL 61820