



AUTHORIZATION TO RELEASE INFORMATION

Employee Name: _____ Contact Tel. No.: _____
Previous Name: _____ NSU ID #: _____

I request and authorize NOVA SOUTHEASTERN UNIVERSITY Office of Human Resources to release information of the individual named above to:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

How would you like the Letter of Verification sent? (Check all that apply)

- Email To: _____
- Fax To: _____
- Mail (Mail to the above address)
- Call me for pick-up (A photo ID is required at the time of pickup): Phone Number _____

This request and authorization applies to the release of information pertaining to my employment at Nova Southeastern University. The information contained in this transmission is confidential, proprietary or privileged. If you are not the intended recipient, any use, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please contact the sender immediately.

I understand that by checking this box and signing below I have agreed to have NSU release information regarding my employment history, including dates of employment, title and salary; to the indicated company/individual, unless otherwise specified.

Employee Signature _____ Date _____

THIS AUTHORIZATION IS VALID FOR THIS TRANSFER OF INFORMATION ONLY.