



Employment and Income Verification

Issued by: _____ Date: _____

Permission Statement

I authorize my employer to release the following requested information to:

Parent/Guardian Signature: _____ Date: _____

- Please print -

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Place of Employment: _____

Employer Address: _____

City, State, Zip Code: _____

Contact Name: _____

Contact Title: _____ Phone Number: _____

Start Date: _____ Hourly Rate: \$ _____ or Monthly Salary: \$ _____

Pay Period: Weekly Bi-Weekly Twice a month Monthly

Normal work Schedule (please note "am" or "pm"):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Average number of work hours per week: _____

Employer Signature: _____ Date: _____

RETURN COMPLETED FORM TO

Address: _____

Phone Number: _____ Fax Number: _____