REQUEST FOR EMPLOYMENT VERIFICATION

This form is to be completed by individuals or organizations requesting verification of employment for an employee of Your Care Courier.

REQUESTER INFORMATION

Name of Requester: _____

Organization/Company: _____

Phone: _____ Email: _____

Reason for Verification: _____

EMPLOYEE INFORMATION TO BE VERIFIED

Employee Full Name: _____

Last 4 Digits of SSN (optional): _____

Date of Birth (optional): _____

Information Requested (circle all that apply):

( ) Employment Status

( ) Job Title

( ) Employment Dates

( ) Compensation (requires signed authorization)

( ) Other: _____

AUTHORIZATION (required for compensation or sensitive data)

I, the employee listed above, authorize Your Care Courier to release the information requested.

Employee Signature: _____ Date: _____

Printed Name: _____

SUBMISSION INSTRUCTIONS

Submit this completed form to:

Your Care Courier

Email: info@yourcarecourier.com

All verification requests will be processed promptly and securely.