



## Verification Letter Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SBID number: \_\_\_\_\_

State       Research Foundation       Both

I am requesting an employment verification letter stating my:

Name       SSN       Title       Department  
 Hire Date       Salary       Other      \_\_\_\_\_

Signed \_\_\_\_\_

Notarized

Mailed to address  
\_\_\_\_\_  
\_\_\_\_\_

Faxed to # \_\_\_\_\_

Call for pick-up at # \_\_\_\_\_

Email for pick-up \_\_\_\_\_

Human Resource Services  
390 Administration Building  
Stony Brook, New York 11794-0751