



**Arlington  
Public  
Schools**

Human Resources Department 2110 Washington Boulevard • Arlington, Virginia 22204

**Employment Verification  
Authorization to Release Information**

Employee/Former Employee Name: \_\_\_\_\_

Employee ID# or Social Security #: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

☐ I wish to pick up my verification when completed (valid photo ID required); **or**

☐ You are hereby authorized to release information pertaining to my current or previous employment with Arlington Public Schools. Send the completed verification of employment by:

✓ Check one

☐ MAIL

☐ EMAIL

☐ FAX

To the attention of:

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Processing time is 5-7 business days**

I hereby release Arlington Public Schools from any liability for any damage whatsoever incurred in furnishing such information.

Employee Signature: \_\_\_\_\_

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

To obtain a copy of your personnel file you must contact the office of Employee Relations