



Mount Vernon City School District

165 North Columbus Avenue • Mount Vernon, NY • 10553 t 914-358-2350 • f 914-665-5596

Employment Verification Request Form

Name _____ Telephone # _____

Information Requested to be Verified (check a selection)

- Dates of Employment Salary Daily Rate of Pay
- Last Day Worked Date of Retirement Not entitled to Benefits

Method of Delivery (check a selection)

- E-mail Mail Home Interoffice Mail Pick-up

E-mail Address (please print clearly) _____

Mailing Address _____

Comments _____

I authorize the Mount Vernon City School District to release the requested information.

Signature _____ Date _____

Please return this form to humanresources@mtvernoncsd.org,
mail to the address listed above or fax to 914-665-5596

Requests may take up to five business days to be processed