



Request for an Employment Verification Letter

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta *Freedom of Information and Protection of Privacy Act* ("Act") and will be protected under Part 2 of the Act. It will be used for the purpose of contacting yourself, processing and providing the requested employment verification letter to yourself or your designated recipient. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.

Employee name: _____ Employee ID: _____

Department/Faculty: _____

E-mail: _____ Phone: _____

The employment verification letter contains the following information: name, job title, department, current hire date, employment type and salary. ([letter sample](#))

Additional information required: _____

Please read the following statements carefully, indicate your agreement by checking the boxes, and signing the form at the bottom.

- ☐ I consent to the collection of personal information contained hereon, and authorize the University of Lethbridge to prepare an Employment Verification Letter for me which will include the information indicated above.
- ☐ I authorize the department of Human Resources at the University of Lethbridge to release information of my employment to the following institution/individual:
Name: _____ E-mail: _____
- ☐ I will collect the letter in HR.
- ☐ Please email me a copy.

Employee Signature:

Date: