



LOYOLA UNIVERSITY MARYLAND

— 1852 —

RETIREMENT VERIFICATION FORM

Dear Human Resources Representative:

The individual listed below is a former employee of your organization. By signing below, the former employee is authorizing you to verify the information requested. This information will be used in determining the employee's eligibility to participate in Loyola University Maryland's retirement program. Please email this form to Mhooper@loyola.edu or fax to Maurisha L. Hooper at (410) 617-5072. If you have any questions, please call (410) 617-1368.

EMPLOYEE AUTHORIZATION

Name: _____ Social Security Number: _____

Previous Employer: _____

Previous Employer's Address: _____

Dates of Employment: From: _____ To: _____

I authorize my former employer to supply Loyola University Maryland with the information requested below.

Signed: _____ Date: _____

EMPLOYER VERIFICATION

The employee listed above was employed by: _____

From: _____ To: _____

The last position held was: _____

Did the employee work at least 1,000 hours in the last 12 months of this position? Yes____ No____

Signed: _____ Date: _____

Title: _____

Phone Number: _____ Fax Number: _____