



## Release Form for Employment Verification (Please Allow 1-3 Working Days)

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Employee Name (PLEASE PRINT)

Today's Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SSN

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
E-mail (or Other)

Please indicate information that may be released:

- Salary
- Dates of Employment
- Job Title
- Other (State below)

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If not currently employed by Galveston County, list (approximate) beginning and ending dates at GC:

From: \_\_\_\_\_ to: \_\_\_\_\_.

\_\_\_\_\_ I will pick up. Please call the above number when ready (you will be asked to present picture identification when picking up the verification).

\_\_\_\_\_ I authorize Galveston County HR to release the above employment information, without liability, to:

Company: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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Signature of Employee

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Office: 409-770-5352

Fax: 409-766-4577

Email:

[Katherine.Branch@galvestoncountytexas.gov](mailto:Katherine.Branch@galvestoncountytexas.gov)