



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

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)

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: _____

Signature of Employee

Office 409-770-5352

Fax: 409-766-4577

Email: Katherine.Branch@co.galveston.tx.us