

REQUEST FOR LETTER OF EMPLOYMENT

Please complete the entire form and fax it to Data Administration at (973) 972-8430

I, (UH) for the following		, am requesting a Let	ter of Employme	ent from Ui	niversit	y Hospital
☐ Apartment Rental		Immigration	□Р	ersonal Loa	an	
☐ Education		Mortgage	\Box U	Unemployment		
Other:						
RELEASE REQUEST						
☐ Will pick up						
☐ Fax to this number:						
☐ Mail it to:						
AUTHORIZATION						
Employee Signature:				Date:	/	/
UH ID (or SS#):	Н					
Transaction #:						Revised 07/2013