



### Release of Employment Verification Authorization Form

The individual named directly below is an APU scholarship applicant to which is required verification of ATHS employment. The information provided will remain confidential to the satisfaction of that stated purpose. Your prompt response is crucial and greatly appreciated in order to proceed with this applicant's APU scholarship process. Please return the completed form to [learning@anthc.org](mailto:learning@anthc.org), [finaid@alaskapacific.edu](mailto:finaid@alaskapacific.edu), and the applicant.

#### Authorization By Applicant to Release Employment Information

Requester:

ANTHC Human Resources – Training & Development  
3900 Ambassador Drive, Anchorage, AK. 99508  
907-729-1301 or 1306

Alaska Pacific University - Financial Aid  
4101 University Drive, Anchorage, AK 99508  
907-564-8341

Applicant Name \_\_\_\_\_

*I hereby authorize release of my employment information.*

Applicant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### This Section to Be Completed By HR or Management

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Presently Employed:  Yes  No Date First Employed \_\_\_\_\_

Last Day of Employment \_\_\_\_\_

HR / Supervisor's Signature \_\_\_\_\_ HR / Supervisor's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

**Return form to: [learning@anthc.org](mailto:learning@anthc.org), [finaid@alaskapacific.edu](mailto:finaid@alaskapacific.edu), and the applicant.**