



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 financialaid@alaskapacific.edu, and the applicant.

Authorization By Applicant to Release Employment Information

Requester: 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:** _____

QUALIFYING INDIVIDUAL INFORMATION – Is this authorization form for an eligible spouse/child? If yes, please complete the following:

Employee Name: _____

I hereby authorize release of my employment information.

Employee

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: financialaid@alaskapacific.edu, and the applicant.