



Human Resources Information Systems
100 Summit Lake Drive
Valhalla, NY 10595
Fax: (914) 989-8502

Verification Letter Request Form

I, _____, request that Pace University sends me a letter of verification with the following information:

Check one or all that apply

- Dates of Employment
- Title
- Other (*Please explain here*)

Please send this form to me via:

Mail

Address: _____

Email

Email Address: _____

Fax

Fax Number: _____

Signature: _____

Pace ID#: _____

Date: _____

Please allow 3-5 business days for the letter to be generated.