

**Authorization for Release of  
Employment Verification Information**

I authorize you to release to Inspirus Credit Union verification of my employment at

\_\_\_\_\_.

A copy of this authorization may be accepted as an original.

Employee \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Employer, please complete the information below and mail or fax to:**

Inspirus Credit Union  
P.O. Box 576  
Seattle, WA 98111-0576  
Fax: (206) 676-1007  
Phone: (206) 628-4085

Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ is employed at \_\_\_\_\_  
(employee name) (company name)

full time /  part time (please check one) as a/an \_\_\_\_\_  
(position)

Completed by \_\_\_\_\_  
(printed name) (signature)

Title \_\_\_\_\_