



ONE TEAM. ONE GOAL.
STUDENT SUCCESS.

RELEASE FOR VERIFICATION OF EMPLOYMENT AND/OR SALARY INFORMATION

I authorize the Cobb County School District to release information regarding my employment and/or salary.

Name: _____

SS#: _____

Signature: ~~X~~ _____

Requesting School System/Organization/Company

Requestor's Mailing Address / Fax Number

to

Employee's Current/Former CCSD Job Title

Former Employee's Approx. Dates of Employment

Employee's Home Address (for verifications mailed to the employee)

Employee's Phone Number

Employee's E-mail Address

Please provide details regarding the specific information requested:

Please print and sign before submitting to HR at verifications@cobbk12.org.

Print