

DO NOT Email (Form Contains Sensitive Data)

Last Name:	Middle Name:	First Name:
UMID:	SSN (only if UMID is unknown):	Contact Telephone:
Contact Email:		

AUTHORIZATION STATEMENT

I authorize the University of Michigan Shared Services Center to disclose my employment information, and distribute appropriately based on my request.

X _____

Signature

Date (MM/DD/YYYY)