

**Verification of Higher Education Full-Time Experience**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

- I do not have prior full-time experience in Higher-Education.
- I do have prior full-time experience in Higher Education. (Attach verification documents or complete details below.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

---

**Authorization to Verify Higher Education Full-Time Experience**

I hereby authorize you to release to the Franklin Pierce University's Human Resource Department documentation to verify my past employment. It is understood that a photocopy/facsimile of this document shall also serve as an authorization to provide the information requested.

**Name of Institution:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

---

**Verifying Institution To Complete:**

I hereby verify that the above named person  **did** or  **did not** have prior full-time employment with this institution for a minimum of 12 consecutive months

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Confirmed By: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and return to: Human Resources Department., Franklin Pierce University, 40 University Drive, Rindge, NH 03461  
Fax (603) 899-4326 or email to [hrdept@franklinpierce.edu](mailto:hrdept@franklinpierce.edu)

**Franklin Pierce University - HR Use Only**

**Received on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**by:** - \_\_\_\_\_  
(Name) (Title)