THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
*Making Cancer History™*

Department of Trainee & Alumni Affairs
1400 Pressler, Unit 1427
Houston, TX 77030
(713) 792-2696 *fax* (713) 792-7895

# Request for Verification of Educational Appointment

**Instructions:** Please print or type required information. This office can only release trainee title, department/division, and start and end date of appointment. If salary/stipend verification is needed, please contact The Work Number website: http://www.theworknumber.com/ or by phone 1-800-367-2884 (use code – 10578).
Return completed form to Trainee & Alumni Affairs at the address or fax number listed above.

**Trainee Information: (Please Print)**

_____
Last Name First Name Middle Name

_____ _____
Title Division/Department

_____
Date of Birth

Trainee Signature:_____ Date: _____

☐ Metro Student Fare Rate (with 12 or more semester hours)

**Delivery Options**

☐ Pick-up at TAA

☐ Please mail to the following address(s) (please print):

_____ _____
_____ _____
_____ _____