

Request for Verification of Educational Appointment

Instructions: Please print or type required information and return to AVA -Trainee. Requests will be processed within 48 hours of receipt.

Due to legal and institutional guidelines, this office can only release the following information:

- Trainee title,
- Department/division/program
- Start and end date of appointment/program

If salary/stipend verification is needed, please review **The Work Number** by phone 1-800-367-2884 (use code – 10578) or the website at <http://www.theworknumber.com/>

Trainee Information: (Please Print)

 Last Name First Name Middle Name

 Title Department/Program

 Employee ID Number

Trainee Signature: _____ Date: _____

<p>Choose One (1) Delivery Option</p> <p><input type="checkbox"/> Pick-up at AVA - Trainee</p> <p><input type="checkbox"/> Please mail to the following address (please print):</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Send via email to the following address(s):</p> <p>Email: _____</p>
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Return completed forms to AVA – Trainee using one of the following methods:

1. **By email:** send a scanned pdf of the completed verification form to AVA_EAS@mdanderson.org
2. **By fax:** 713-745-5744.
3. **In person:** Mid Campus Building, 17th Floor (SB elevators), Suite 17.3439 (Mon-Fri, 8AM-5PM).

<p>This section is to be complete by an authorized AVA-Trainee representative</p> <p>Left for pick-up by: _____</p> <p>Received by: _____ Date: _____</p>
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