



DEPARTMENT OF EDUCATION

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RELEASE OF INFORMATION PERMISSION – TO BE SIGNED BY THE EMPLOYEE

I authorize the Delaware Higher Education Office (DHEO) to receive information concerning my current or past employment. This information includes the title of the position, duties, start and end dates of my employment and the classification of the position as full-time, part-time, temporary or other. DHEO may obtain additional information as needed to determine the appropriate amount of service repayment to credit to my professional incentive program obligation.

Employee Name: _____

Incentive Loan Program Name: _____

Employee Signature

Date

EMPLOYMENT VERIFICATION – TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE

Employer Name: _____

Employer Address: _____

Employment Start Date: _____

Employment End Date, if Applicable: _____

Employee Position Title: _____

Employment/Contract type (check one)

- Full-time
- Part-time (please indicate average hours per week) _____
- Temporary (please specify) _____

HR Representative Name and Title: _____

HR Representative Email and Phone: _____

HR Representative Signature and Date: _____

Please return to: Delaware Higher Education Office, The Townsend Building, 401 Federal Street, Suite 2, Dover, DE 19901
Or by e-mail to dheo@doe.k12.de.us