Office of Postdoctoral Affairs (OPA)
Verification Form for
Stanford University Postdoctoral Appointments

Your Last Name:
Your First Name:

Your Maiden or Former Name(s) if Applicable:
Your Cell Phone Number or Email Address:
Department(s) Where You Did Your Postdoc:
Start Date of Your Postdoc (MM/DD/YYYY):
End Date of Your Postdoc (MM/DD/YYYY):

I authorize the Office of Postdoctoral Affairs to release my postdoctoral appointment information to:

Myself (Letter will be addressed to "To Whom it May Concern")

Fax number or email address where letter should be sent:

Other

Name of Person:

Company:

Fax Number or Email Address:

Mailing address (**only** if hard copy required):

Signature of Postdoc: _____

Date: _____   Print Name:_____

Postdoctoral Appointment Verifications: Go to https://postdocs.stanford.edu/about/verifications to upload this form.

Home or Auto Loan Documents: If you are a postdoc needing appointment data for home or car loan paperwork, please work with your departmental postdoctoral administrator.

<u>**Please note**</u>: OPA *cannot* verify fellowships for Stanford University Hospital programs, LPCH, HHMI, SLAC or other types of appointments or employment.