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

Your Last Name: Click here to enter text.
Your First Name: Click here to enter text.

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

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: Click here to enter text.

☐ **Other**

Name of Person: Click here to enter text.

Company: Click here to enter text.

Fax Number or Email Address: Click here to enter text.

Mailing address (***only*** if hard copy required): Click here to enter text.

Signature of Postdoc: _____

Date: _____ Print Name:_____

Postdoctoral Appointment Verifications & Loan Deferments: Send to the secure fax: (650) 725-6106

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.

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