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.  
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.