



**LEHMAN**  
COLLEGE

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## AUTHORIZATION FOR RELEASE OF PAYCHECK

I AUTHORIZE THE RELEASE OF MY PAYCHECK (ALSO ATTACH A PHOTOCOPY OF PHOTO I.D.):

TO: \_\_\_\_\_

DATE OF CHECK:

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

S.S.N. \_\_\_\_\_

TODAY'S DATE:

PLEASE BE SURE TO PRESENT A VALID LEHMAN COLLEGE I.D. WHEN PICKING UP ALL CHECKS.  
THANK YOU.

