

CORPORATE PARTNERSHIP CONFIRMATION BY EMPLOYER



EMPLOYER INFORMATION

Name:

Address:

City:

State:

Zip:

STUDENT INFORMATION

Student Name:

ID#:

Semester:

Student Signature _____ Date: _____

I AM AN...

Employee

Employee's immediate family member

Name of employee:

Relationship to employee:

EMPLOYER SECTION

Name:

Title:

Contact phone number for verification:

Contact email for verification:

I certify that

is an employee with

EMPLOYEE NAME

BUSINESS NAME

Authorized Signature _____ Date: _____

PLEASE SCAN AND EMAIL COMPLETED FORM TO

corporate@lakeland.edu

OR MAIL TO

Evening, Weekend & Online

W3718 South Drive

Plymouth, WI 53073-4878

PLEASE NOTE: A completed Confirmation of Corporate Partnership by Employer form must be completed each term and submitted by the last add/drop day of the term. Additionally, eligibility is determined semester by semester and is not retroactive. Students are only eligible for one discount promotion per semester.

A completed form is required each semester for the corporate discount rate to be applied.