

VERIFICATION OF EMPLOYMENT



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 INFORMATION

Company Name:

Address:

City:

State:

Zip:

Supervisor 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:

Kellett School of Undergraduate & Graduate Studies

W3718 South Drive

Plymouth, WI 53073-4878

PLEASE NOTE: A Verification of Employment form must be completed each term and submitted by the last add/drop day of the term for the discount to be applied. Additionally, eligibility is determined semester by semester and is not retroactive.