

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 Employee Name is an employee with 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 turned in once per academic year and submitted by the last add/drop day of the fall term. If not enrolled for the fall term, a form must be turned in when enrolled in the spring or summer term and then again the following fall semester for the next academic year. Additionally, eligibility is not retroactive.