



**New Mexico Loan-for-Service Program
Employment Verification Form**

SECTION 1: To be completed by Loan-For-Service participant

Name: _____ Social Security Number: _____

Mailing Address: _____

Home Phone Number: _____ Alternate Number: _____

E-Mail: _____

Graduation Date: ____/____/____ Degree Completed: _____

Institution Name: _____

Place of Employment: _____

Address: _____

Job Title: _____

I hereby authorize release of the information requested in Section 2.

Signature of Borrower Date

SECTION 2: To be completed by employer (If non-profit, please attach a copy of the IRS 501(c)3 verification).

Employment Start Date: _____ End Date (if applicable): _____

Average number of hours worked per week: _____

Signature of Employer Date

Printed Name of Employer/Title Employer's Telephone

* The New Mexico Higher Education Department reserves the right to contact the employer to verify any information reported on this form.