

State of New Mexico
Higher Education Department
LOAN REPAYMENT PROGRAM

EMPLOYMENT VERIFICATION FORM
Forms submitted prior to the dates indicated below will not be accepted.

This is to certify that _____ (Program Participant) has completed continuous employment in good standing with _____ (Approved Employer) for the period beginning _____ (date) and ending _____, (date) for an average of _____ hours per week and an average of 13 weeks per calendar quarter, including paid leave, or any combination of hours and weeks, as further specified in the Loan Repayment Participation Agreement executed with the Higher Education Department.

Additional copies of the Participation Agreement are available upon request from the Higher Education Department. This executed form is due within 15 days after the last official day of the service quarter, and must be mailed to:

**Higher Education Department
Financial Aid Division
1068 Cerrillos Road
Santa Fe, New Mexico 87505**

I hereby certify that I have completed this service quarter as required by my contract and seek payment.

Participant Signature	Social Security Number	Date
Printed Name of Participant	Daytime Phone	
Approved Employer Signature	Title	Date
Printed Name of Individual Signing	Employer Telephone	

NOTARY: Subscribed and sworn to before me in the county of _____,
State of _____ this _____ day of _____, 20____.

Signed: _____ Seal: _____

Title: _____

My Commission Expires: _____

Program Participant: Please complete this section. Provide the Loan Provider mailing address and your account number so the check can be processed accordingly. Loan provider cannot be changed without prior written notification.

Loan Provider	Account Number or SSN		
Mailing Address	City	State	Zip Code