



## Employer Verification Release Form

The Employee Information Release Form must be completed for each employer who is to be considered for service obligation fulfillment. The employee may make copies of this form if employed with multiple employers.

Last Four Digits of Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

### Employee Information Release Statement

I hereby authorize my employer to provide the information requested by the Maryland Higher Education Commission, Office of Student Financial Assistance. I also release my employer from any liability for the consequences of this release.

Signature of recipient: \_\_\_\_\_ Date: \_\_\_\_\_

*(Electronic Signature Acceptable; Typed Signature Prohibited)*

### Employment Information (To be completed by the recipient of the scholarship)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Job title: \_\_\_\_\_

Employment status:  Full-time  Part-time

Dates of employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

### Recipient Certification:

I certify that the information provided by me in the questionnaire is true and complete to the best of my knowledge. I also agree to inform the Office of Student Financial Assistance, in writing, immediately upon the termination of my employment status, or if there are any changes to name, address, place of employment or college/university.

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

*(Electronic Signature Acceptable; Typed Signature Prohibited)*