State of New Mexico

Higher Education Department Public Service Law Loan Repayment Program (LRAP)

EMPLOYMENT VERIFICATION FORM

THIS DOCUMENT MUST BE RECEIVED VIA EMAIL BEFORE 1/15/2023

Printed First Name:	Printed Last Name:	MI:
Daytime Phone Number: Current	: Email Address:	
Loan Provider:	Account Number:	Last 4 of SS#
Loan Provider PAYMENT Address	City	StateZip Code
*Loan Provider address MUST reflect where payment is to be correct payment address where the award disbursement shot release from the program.	sent. Confirm with your loan provider uld be sent. Providing an incorrect add	and log on to your borrower account to ensure the ress will result in loss of award for the quarter and/or
I hereby certify that I have completed this service quarter electronically, you acknowledge and agree your electronic sign device, means or action, you consent to the legally binding term on this document (hereafter referred to as your "E-Signature") or other third-party verification is necessary to validate your E affect the enforceability of your E-Signature or any resulting signature certifies that you certify all information on the form	nature is the legal equivalent of your means and conditions of this Employment is as valid as if you signed the document E-Signature, and that the lack of such ceas agreement between you and the Ne	vanual/handwritten signature on this form. By using any Verification Form. You further agree that your signature t in writing. You also agree that no certification authority ertification or third-party verification will not in any way
Participant Signature		Date
*Loan provider cannot be changed without prior written 60-da EMPLOYER: Must be completed by the Human Resources Man Employer/Institution/Facility:	nager or Direct Supervisor of participan	_
Name of Person Completing Form:	Title of Person Comple	eting Form:
Employer Email Address:	Employer Phone Number:	
		oyer Phone Number:
Name of Employee:		
	Title:	
	Title: oant above has completed continuous e	mployment in good standing for the period: 10/1/2022
certify that the named particip	pant above has completed continuous en k and an average of 13 weeks per cale	mployment in good standing for the period: 10/1/2022 endar quarter, including paid leave, or any combination
certify that the named particip	Title: Title: Title: Title: Tank above has completed continuous enk and an average of 13 weeks per cale at Participation Agreement executed with the language of the	mployment in good standing for the period: 10/1/2022 and ar quarter, including paid leave, or any combination ith the Higher Education Department. electronic signature is the legal equivalent of your legally binding terms and conditions of this Employment in "E-Signature") is as valid as if you signed the document of to validate your E-Signature, and that the lack of such e or any resulting agreement between you and the New

Please complete in full, scan and email to fin.aid@hed.nm.gov on or before January 15, 2023. mailto:Forms received after January 15, 2023, will NOT be accepted. Forms submitted prior to the dates indicated above will not be accepted. Faxed and mailed copies will NOT be accepted. For questions please contact the New Mexico Higher Education Department at fin.aid@hed.nm.gov.

Late or incomplete Employment Verification Forms will not be accepted and will result in non-payment and/or release from the program.