For NMHED Use Only
Approved by Financial Aid Director

Signature: _____ **Date:** _____

LOAN-FOR-SERVICE EMPLOYMENT VERIFICATION FORM (EVF)

SECTION 1: General Information (to be completed by borrower)

First Name: _____ Last Name: _____ MI: _____

Previous Name under which records may be kept: _____

Loan-For-Service Program Name: _____

Last four digits of SS#:_____ Date of Birth: _____

Driver's License Number: _____ Exp.Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

NMHED will send all communication via email. Please ensure your email address is accurate.

SECTION 2: Consent Waiver

Designation of Authorized Representative

I hereby authorize the following to disclose to the New Mexico Higher Education Department my last known address, postal and residential, and the name and address of my employer, if known:
(1) United States Internal Revenue Service (2) Bureau of Revenue of any state in which I have filed tax returns; (3) United States Postal Service; (4) United States Department of Health, Education and Welfare; (5) United States Social Security Administration; (6) any branch of the United States military service in which I have served; (7) Department of Motor Vehicle of any state in which I am licensed or an the registered owner of a vehicle ; and (8) all other institutions, agencies, employers, and individuals, public or private.

I hereby designate the New Mexico Higher Education Department as my authorized representative for the purpose of requesting and obtaining such information and I waive on behalf of myself and any persons who may have an interest in the matter, all provisions of law relating to the confidentiality of any information so disclosed, specifically including, but limited to, the Federal Privacy Act of 1974, as amended.
This authorization form is freely given in consideration of funds advanced to me by the above agency. This authorization shall expire upon completion of my service obligation with NMHED.

Borrower Signature: _____**Date:**_____

By signing below, I hereby authorize release of the information requested below in Section 3.

Borrower Signature: _____**Date:**_____

SECTION 3 - Employment Verification: (to be completed by employer)

Full Name of Employee: _____ Job Title: _____

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

Average Number of Hours Worked Per Week: _____
(If under thirty-six hours please provide copy of work schedule)

Facility Name:_____

Facility Address:_____

City:_____ County:_____ State:_____ Zip:_____

Full Name of Person Completing Form:_____

Title of Person Completing Form:_____ Phone Number:_____

Employer Email Address:_____

I _____ hereby certify that the information on section 3 of this application is true

Name.of.person.completing.form.

and complete to the best of my knowledge. If asked by the New Mexico Higher Education Department I will provide proof of the information I have given on this application. I understand all information can and will be used in a legal capacity if necessary.

Employer Signature: _____**Date:**_____

***In addition to section 3, you MUST attach a letter on official letterhead from your employer/Human Resources Department with verification of employment, profession, start date, and hours worked weekly.**

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

CHECK LIST

Please ensure your packet contains the following documents in PDF Format:

- Complete Employment Verification Form (EVF). All sections, fields and signatures must be complete.
- Copy of driver's license.
- Copy of professional license/certificate (i.e., medical license, nursing certificate, teaching license etc.).
- Dated letter on letterhead from the HR department verifying employment, profession, start date, and hours worked weekly.
- Copy from HR of work schedule (submit only if hours worked per week is under 36 hours).

SECTION 4 - Submission Instructions:

The Employment Verification Form (EVF) and all supporting documentation must be submitted in PDF format. Please compile all required materials into a single, complete packet and email it to the New Mexico Higher Education Department, Financial Aid Division at **FIN.AID@HED.NM.GOV**. In the subject line of the email, please use the following format: **Last Name, First Name – Employment Verification Form**

MAILED OR HAND DELIVERED FORMS WILL NOT BE ACCEPTED. THE FORM AND ALL DOCUMENTS MUST BE SAVED IN PDF FORMAT AND SUBMITTED IN A SINGLE COMPLETE PACKET VIA EMAIL.

Please complete and submit your EVF on or within 14 days of your employment anniversary date. Your anniversary date is based on the employment start date listed in your Loan-For-Service Worksite Approval Letter.

EVFs dated prior to the anniversary date will be rejected and an updated EVF must be completed.
Failure to submit your EVF on or within 14 days of your employment anniversary date will result in your account entering into repayment status the following month. Payment notices for accounts in repayment are sent by Educational Computer Systems Inc. (ECSI). Delinquent accounts in repayment status will be turned over to a collection agency.

It is solely the responsibility of the borrower to submit all necessary documents in a timely manner. The Financial Aid Division does not send out reminders regarding submission dates.

Please keep a copy of your EVF packet for your records.

If you have any questions, you may contact our office at 1-800-279-9777 or you may send an email to **FIN.AID@HED.NM.GOV**