

# NEW MEXICO HIGHER EDUCATION DEPARTMENT

For NMHED Use Only

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Program Manager Initials \_\_\_\_\_  
Date: \_\_\_\_\_

Financial Aid Director Initials \_\_\_\_\_  
Date: \_\_\_\_\_

APPROVED

DENIED

APPROVED

DENIED

## NURSE EDUCATOR LOAN FOR SERVICE EMPLOYMENT VERIFICATION FORM (EVF)

(check one) **Spring Semester**  **Summer Semester**  **Fall Semester**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last four digits of SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

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

Primary Email: \_\_\_\_\_ Phone# \_\_\_\_\_

### 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 am 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 obligation with NMHED.

Borrower

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3: To be completed by a Notary Public

**\*The Notary section is not required at the present time due to COVID-19.**

State of New Mexico

County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

by \_\_\_\_\_

(name of person)

(Seal)

\_\_\_\_\_  
Signature of notarial officer

My commission expires: \_\_\_\_\_

**SECTION 4: Employment**

I \_\_\_\_\_ hereby authorize release of the information requested in Section 4.  
(print borrower name)

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER**

Name of Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ Employment End Date (if applicable): \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_  
*(If under 36 hours, please provide copy of work schedule)*

Facility Name: \_\_\_\_\_

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

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

Name of Person Completing Form: \_\_\_\_\_

Title of Person Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Email Address: \_\_\_\_\_

I \_\_\_\_\_ hereby certify that the information on section 4 of this application is true 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 provided on section 4 of this application. I understand all information can and will be used in a legal capacity if necessary.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

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## **CHECK LIST** (do not submit this informational sheet)

Please ensure that sections 1-4 have been completed in full. Please ensure your packet contains A copy of your professional license/certificate.

The complete packet should be scanned and emailed to the New Mexico Higher Education Department, Financial Aid Division at [fin.aid@state.nm.us](mailto:fin.aid@state.nm.us). Please place "**Last Name, First Name, NEEVF**" in the subject line of the email.

**MAILED IN FORMS WILL NOT BE ACCEPTED. THE FORM AND ALL DOCUMENTS MUST BE EMAILED.**

**Please submit your EVF immediately after each semesters end.**

Please keep a copy of the packet for your records.

If you have any questions regarding the submission of your packet, you may contact our office at 1-800-279-9777 or you may send an email to [fin.aid@state.nm.us](mailto:fin.aid@state.nm.us).