

NEW MEXICO HIGHER EDUCATION DEPARTMENT

For NMHED Use Only

Financial Aid Director Initials _____ Date: _____

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: 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
person completing form
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.

Employer 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@HED.NM.GOV
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@HED.NM.GOV
