

NEW MEXICO HIGHER EDUCATION DEPARTMENT



For NMHED Use Only

APPROVED **DENIED**

Program Coordinator Initials _____

Date: _____

APPROVED **DENIED**

Financial Aid Director Initials _____

Date: _____

Notes:

New Mexico Loan-for-Service Program

WORK SITE APPROVAL FORM

SECTION 1: To be completed by Loan-For-Service Participant

First Name: _____ Last Name: _____ MI: _____

Previous Name under which records may be kept: _____

Loan-for-Service Program Name: _____

Social Security Number: _____ Birth Date: _____

Mothers Maiden Name: _____ Drivers License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

***NMHED will send the majority of communication via email. Please ensure your email address is accurate.**

Primary Email: _____

Secondary Email: _____

Graduation Date: _____ Degree Completed: _____

University/College Name: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Supervisor Name: _____

Job Title: _____ Supervisor Phone Number: _____

****Please attach a copy of your professional license/certificate (i.e. medical license, nursing certificate etc.)**

I hereby authorize release of the information requested in Section 2.

Signature

Date

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SECTION 2: To be completed by Employer

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

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

Facility Name: _____

Address: _____

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

Printed Name of Employer: _____

Title: _____ Phone Number: _____

Employer Email Address: _____

Please check all boxes that apply to the Institution/Organization/Facility:

- Facility located in a Rural Area of New Mexico
- Non-Profit Organization **(if checked, please attach a copy of the IRS 501(c) 3 verification)**
- Government, County, or Indian Health Services Owned Facility
- Privately Owned Facility
- Sliding Fee Scale Facility **(please attach copy)**

I _____ hereby certify that the information on section 2 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 given on section 2 of this application.

Signature

Date

***Please attach on letter head an official letter verifying employment from the Human Resources Department.**

* 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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SECTION 3: 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 obligation with NMHED.

Borrower

Signature: _____ Date: _____

Social Security Number: _____

SECTION 4: To be completed by a Notary Public

The foregoing instrument was acknowledge before me this _____ day of _____,
2012 by _____

My commission expires: _____

Notary Public _____

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CHECK LIST

Your packet should contain the following documents:

- Sheet #1 containing Section 1 Participant information. All fields must be completed;
- Sheet #2 containing Section 2 Employer information. All fields must be completed;
- Sheet #3 containing Sections 3 and 4, Consent Waiver and Notary Public information. All fields must be completed;
- Copy of your professional license/certificate (ie medical license, nursing certificate etc.);
- Official letter on letter head from the HR department verifying employment;
- Copy of Sliding Fee Scale (if applicable)
- Copy from HR of work schedule (submit only if hours worked per week is under 36).

Please **mail** (do not fax or email) original documents to the following address:

**New Mexico Higher Education Department
Financial Aid Division
2048 Galisteo Street
Santa Fe, NM 87505-2100**

If you have any questions regarding the submission of your packet, you may contact our office at 1-800-279-9777.

Thank you.