

# NEW MEXICO HIGHER EDUCATION DEPARTMENT



**For NMHED Use Only**

**APPROVED**  **DENIED**

Program Manager Initials \_\_\_\_\_

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

**APPROVED**  **DENIED**

Financial Aid Director Initials \_\_\_\_\_

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

## LOAN FOR SERVICE WORK SITE APPROVAL FORM

### 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#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary Email: \_\_\_\_\_

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

Graduation Date: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

University/College Name: \_\_\_\_\_

***\*\*Please attach a copy of your driver's license and a copy of your professional license/certificate (i.e. medical license, nursing certificate, teaching license etc.)***

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 2: Employment (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: \_\_\_\_\_

**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. I understand all information can and will be used in a legal capacity if necessary.

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

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

**\*Please attach on letterhead 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.

# NEW MEXICO HIGHER EDUCATION DEPARTMENT



## 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: \_\_\_\_\_

Last four digits of your SS#: \_\_\_\_\_

## SECTION 4: To be completed by a Notary Public

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: \_\_\_\_\_

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

Please ensure your packet contains the following documents:

- Sheet #1 containing Section 1 Participant information. All fields must be complete;
- Sheet #2 containing Section 2 Employer information. All fields must be complete;
- Sheet #3 containing Sections 3 and 4, Consent Waiver and Notary Public information. All fields must be complete;
- Copy of your driver's license
- Copy of your professional license/certificate (ie medical license, nursing certificate, teaching license etc.);
- Official 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).
- Sliding fee scale (if applicable)

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 put **"Last Name, First Name, WS"** in the subject line of the email.

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).