



# VERIFICATION OF EMPLOYMENT FOR RESIDENCY TUITION

I hereby grant permission for my employer to provide continuous, ongoing verification of employment each quarter I am a Northwest Indian College student. I understand that I am responsible for notifying NWIC when my employment status changes. I understand I am responsible for all charges incurred as a NWIC student, whether or not I am eligible to receive resident tuition status.

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

Print Name: \_\_\_\_\_ SS# or DOB: \_\_\_\_\_

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## THIS PORTION TO BE COMPLETED BY STUDENT'S SUPERVISOR OR HR

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### Student Information:

Name \_\_\_\_\_ Year/Term \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

THIS IS TO VERIFY THAT THE ABOVE NAMED INDIVIDUAL IS PERMANENTLY EMPLOYED WORKING A MINIMUM OF 20 HRS/WK AT \_\_\_\_\_,

TRIBE, OR  TRIBAL AGENCY IN THE NORTHWEST INDIAN COLLEGE SERVICE AREA SINCE:  
\_\_\_\_\_ (DATE OF HIRE)

### Tribe/Tribal Agency Information:

Supervisor's/HR Representative's Name \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please check one:  Supervisor  HR Director/Coordinator Fax # \_\_\_\_\_

### TO BE VERIFIED QUARTERLY

Employer: Please fax completed form to the Enrollment Services office at (360) 392-4333.