



Maryland Higher Education Commission
Office of Student Financial Assistance
217 E. Redwood Street, 21st Floor
Baltimore, MD. 21201
(800) 974-0203; Fax (410) 332-0250
TTY for the Deaf - (800) 735-2258
www.mhec.maryland.gov

SERVICE OBLIGATION PROGRAMS GENERAL EMPLOYMENT VERIFICATION FORM

Wes Moore
Governor

Aruna Miller
Lt. Governor

Cassie Motz
Chair

Sanjay Rai, Ph.D.
Secretary

Return - 10 Business Days

Section A - Release (To be completed by the recipient)

Last four SSN: _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Address: _____ City/State: _____ Zip _____

I authorize my employer to provide the employment information the Office of Student Financial Assistance requested.

Applicant's signature

Date

Section B – Employment (To be completed by Employer)

The above named employee was a recipient for a service obligation grant/scholarship with the Office of Student Financial Assistance. **Please complete the following section and return it to the employee.**

Job title of employee: _____ **Dates** of employment: ____/____/____ to ____/____/____
Or Currently Employed _____

If Teacher, Area of Certification: _____ Name of School: _____

****Important**
Number of hours worked per week: _____

Employment status: _____ Full-time _____ Part-time

Name of organization: _____ Employer federal **tax-exempt** number: _____

Address: _____

Brief summary of employee's responsibilities: _____

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Employer/HR Rep.

Date

Printed Name:

Title:

Telephone Number : (____) _____

E-mail: