## **Employment Verification Form** (Form #7)

## Instructions

This form is to be completed the student's employer and then submitted to the Office of the University Registrar. **Employer should attach a copy of his/her business card to this form.** 

Please confirm the following information for the employee listed. This information will be used to extend In-State Tuition and Fee benefits to the employee and/or their dependent.

Student Name:	USC ID:	
Employee Name:		
Employee Position/Title:		
Employment Start Date in South Carolina:		
Currently Employed?	Yes	No
Employment Classification:	Full Time	Part Time
Employee is Eligible for Full Time Benefits:	Yes	No
Number of Hours Worked Per Week:		
Company Name:		
Company Location/Address:		

## **Confirmation and Signature**

I confirm, to the best of my knowledge, that all information provided on the above-referenced individual(s) is complete and accurate.

Name:	
Title:	
Phone Number:	
Email Address:	
Signature:	Date:

