

**The Graduate School
Southern University And A&M College
Baton Rouge, Louisiana**

SUPPLEMENTARY RESIDENCY INFORMATION SHEET

EMPLOYER VERIFICATION FORM

1. Student/Spouse Name: _____

2. Social Security Number: _____ - _____ - _____

3. Present Home Address: _____

_____ Since _____
(City) (State) (Zip) (Month) (Year)

4. Are you presently or were you previously employed in the State of Louisiana?

YES NO

a) If Yes, name and address of employer: _____

b) Date employment began with the above firm: _____ / _____ / _____
(Month) (Date) (Year)

c) Date employment ended with the above firm: _____ / _____ / _____
(Month) (Date) (Year)

(Student's Signature)

(Date)

TO BE COMPLETED BY THE EMPLOYER:

I. The above named individual is (was) employed by our firm: Part-time Full-time

II. Employment was an average of _____ hours per week.

This is to verify that the information shown above concerning the employment of

_____ is correct.

Name of Firm

Name of Person Completing this Form

(Area Code) Telephone No.

Employer's Signature

Title

PLEASE RETURN COMPLETED FORM TO: Dean of the Graduate School

**Southern University and A&M College
P.O. Box 9860
Baton Rouge, LA 70813**

Revised January 2002