



DEPARTMENT OF CORRECTIONS  
OUTREACH TUITION DISCOUNT

Instructions

This form must be completed and submitted to the Adult Student Services at Missouri State University. The completed verification form may be submitted to Adult Student Services at the school by you or the employer. (the verification form is to be kept by the school for file purposes.

I. Student Section

Complete this section and submit the form to your employer. Be sure to include the complete name and address of the school you are attending, or that you plan to attend, so the employer may submit the form to the student financial aid office at the school.

Last Name	MI	First Name
-----------	----	------------

Period of Enrollment: Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_ Year \_\_\_\_\_

NAME OF THE MISSOURI SCHOOL YOU ARE ATTENDING:

Missouri State University  
901 S. National Ave  
Springfield, MO 65804

I, the applicant, certify that the information contained in Section I of this form is true, complete, and correct. Your signature also authorizes the postsecondary institution to verify your employment with your employer.

Print name of student

Signature of student

II. Employer Section

Complete this section of the form. Submit the completed form to your employer's Human Resources department for employment verification. Your department's Human Resources office will submit the completed form to Missouri State.

Name of employer			
Employer Street Address	Phone	State	Zip Code

Is the applicant currently employed?    Yes    No

Dates of the most recent week that the applicant was employed:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I, the employer, certify that the information contained in Section II of this form is true, complete, and correct to the best of my knowledge.

Print name of supervisor/employer

Signature of supervisor/employer