

DEPARTMENT OF CORRECTIONS TUITION DISCOUNT FORM

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	Middle Initial	First Name				M-Number (Ex: M01234567)	
	Initial						
Period of Enrollment: Month	Yea	r	to Month	Ye	ear		
NAME OF THE MISSOURI SCHOOL Missouri State University 901 S. National Ave Springfield, MO 65804	. YOU ARE A	ATTENDING:					
I, the applicant, certify that the informati the postsecondary institution to verify				complete, ar	nd correct.	Your signature also authorizes	
Print name of student	t name of student Signature of student						
Complete this section of the form. employment verification. Your department. State. Name of employer			•			•	
Name of employer							
Employer Street Address			Phone		State	Zip Code	
Is the applicant currently employed	d? Yes	No					
Dates of the most recent week that Month Day				Day		_Year	
I, the employer, certify that the informa	tion containe	ed in Section II o	of this form is tr	ue, complete	, and corre	ect to the best of my knowledge.	
Print name of supervisor/employer		Signature of supervisor/employer					