

**EMPLOYER VERIFICATION FORM**  
**Return to: PEPPERDINE UNIVERSITY'S OFFICE OF**  
**FINANCIAL AID**

STUDENT'S NAME:

STUDENT'S UNIVERSITY ID NUMBER:

APPLICABLE TERM:

COMPANY NAME:

COMPANY ADDRESS:

EMPLOYEE'S START DATE:

EMPLOYEE'S TITLE:

This is to certify that employee, \_\_\_\_\_, is holding a permanent position and is in good standing.

**If the student is a dependent of a government employee, please fill out the section below:**

EMPLOYEE'S NAME:

EMPLOYEE'S RELATIONSHIP TO DEPENDENT:

**NOTE: Proof of employment must be submitted to the Office of Financial Aid prior to the start of each term in order to receive the discount offered through the L.A. Sheriffs Department University Partnership.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Employer's Signature

Work Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name and Title (**please print**)

Date: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

6100 Center Drive, Los Angeles, California 90045  
Tel: 310-568-5588  
E-mail: gsepfaid@pepperdine.edu