

**ADMISSIONS OFFICE
UNIVERSITY OF NEW ORLEANS
LAKEFRONT, NEW ORLEANS, LOUISIANA 70148**

VERIFICATION OF LOUISIANA EMPLOYMENT FOR RESIDENCE DETERMINATION

Name of Applicant: _____
Last First Middle or Maiden

To be filled in by: Applicant Parent Spouse

Name: _____
Last First Middle or Maiden

Phone Number: _____ Social Security Number: _____

This is to certify that I have been an employee of:

Name of Firm: _____ Phone Number: _____

Address of Firm: _____

From: _____ To: _____
Month/Day/Year Month/Day/Year

Employment was on an average of _____ hours per week.

If transferred, indicate date of transfer to Louisiana: _____

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

_____ **is correct.**

Name of Employee

Signature of Employer

Firm

Print Name of Employer

Date

Title