

## SCHOOL DISTRICT DISCOUNT EMPLOYMENT VERIFICATION FORM

## PROCEDURES FOR COMPLETING THE DISCOUNT FORM:

- 1. Please read and understand the terms and conditions of the school district discount.
- 2. Complete this form foEACHsemester you are enrolled and qualify for the discount.
- 3. Submit the form to youHuman Resources Departmento have arHR officialx Discount applicable to OLLU courses only

- x Discount is not retroactive
- x KvoÇ PŒ • I]vP •šµ vš• Á]šZ not applicable if receiving any reduced tuition rate)
- x Doctoral students are not eligible for the discount
- x Discount cannot be combined with other University fund

\*Contact the Financial Aid Office at (210) 434-6711 ext. 2299 if you have any questions.

		STUDENT USE O	NLY:	_
Name (Plea	se PRINT):		Student ID#:	
School Distr	ict Employed at:			
ADMIT STA	TUS: ( ) Undergradua	te Student () Graduate Stude	∌nt•š Œ [• o À o }voÇ	
YEAR:	TERM: ( ) Fa	II ( ) Spring ( ) Summer		
By signing b status only.	elow, I authorize the Fi	nancial Aid Office of Our Lady of	the Lake University to verify my full-time employe	ment
Student Signature:			Date:	
The Financi	al Aid Office will e-mail	you at your Lake Account if there	e are any questions or concerns regarding your di	scount.
		SCHOOL DISTRICT HR ADMIN	ISTRATOR USE ONLY:	_
I hereby cer	tify that the individual n	amed above works for the indicat	ted school district as a full-time employee.	
Name of HR Administrator (Please Print):			Wk#:	
Signature:_			Date:	
		FINANCIAL AID OFFICE	USE ONLY:	_
Discount An	n } <b>µ</b> :v			
	Undergraduate20%	zzzzzzz@aradowate 20%	zzzzzzzzzzz E š]}v o Kvo]v	W Œ } P
vš Œ	C.W		Date:	