



Employer Verification Form (Elms Partnership Discount)

Steps to receive discount each year:

- 1. Student & employer complete form*
- 2. Upload with [Elms Partnership Discount Application](#)*

TO BE COMPLETED BY STUDENT:

Student Name: _____ Term: _____

TO BE COMPLETED BY EMPLOYER:

Student's Employer: _____

Student's Job Title: _____ Student's Start Date: _____

HR Representative Name: _____

HR Representative Title: _____

Email: _____ Phone: _____

By signing this form, I understand that I am confirming that all the above information is true and accurate to the best of my knowledge and that the above-mentioned student is currently a full-time employee of _____.

Signature: _____

Please return this form to the student so they can upload it with their [Elms Partnership Discount Application](#).