



Student: Please be sure to do a separate form for each employer you worked as an LPN for. Do not fill out the portion for your employer

Date: _____

To Whom It May Concern:

I hereby authorize _____ (name of employer) to release the information listed below to Raritan Valley Community College.

Dates of Employment _____

Employer Name/Address/Phone Number _____

Title and Responsibilities _____

Hours worked per week _____

Full time/ part time _____

Name of direct supervisor _____

Student name (printed)

Signature of student

Date

EMPLOYER

I, the employer or representative of the above employer, verify the above information is correct and free from error. The student was hired under the title of an LPN and works on a full time or part time basis.

Employer/representative name and title (printed)

Signature of employer/representative

Date

Direct phone number

Comments