

Employer Verification Form

For Late Withdrawals, Student Record Adjustment, and Refund Requests

GENERAL INFORMATION

Students seeking a record adjustment or refund for employment reasons must submit this form to their employer for completion. This form is used to verify a change in work schedule that directly conflicts with the student's class schedule, as required by the employer.

STUDENT INFORMATI	ON			
To be completed by the	student.			
UVID	Name			
I authorize the release o relevant to my request.	f my employment r	ecords and information to	Utah Valley University t	to provide information
→ Student Signature: _			Date:	
EMPLOYER VERIFICAT	ΓΙΟΝ			
To be completed by the	supervisor or HR de	partment.		
Company/Institution/Organization Name:				
Supervisor Name:		Email:	Phor	ne:
Have you or has your organization required a work schedule change that now conflicts with this student's class schedule such that a late withdrawal or retroactive adjustment to their records after established deadlines is appropriate?				
☐ Yes	□ No Eff	ective Date of Change:	Sem	nester:
Comments:				
EMPLOYER INFORMA	TION AND SIGNA	TURE		
To be completed by the authenticity of the information	•	partment. Note that the UV	′U Registrar's Office ma	ay contact you to verify the
Printed Name:		Title:		
→ Signature:			Date:	