NEW MEXICO HIGHER EDUCATION DEPARTMENT

For NMHED Use Only

APPROVED ☐ **DENIED** ☐

Program Manager Initials_____
Date:_____

APPROVED ☐ **DENIED** ☐

Financial Aid Director Initials_____
Date:_____

NURSE EDUCATOR LOAN FOR SERVICE WORK SITE APPROVAL FORM

SECTION 1: General Information (to be completed by borrower)

First Name: _____ Last Name:_____ MI:_____

Previous Name under which records may be kept:_____

Last four digits of SS#:_____ Birth Date:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Home Phone #:_____ Work Phone #:_____ Cell Phone #:_____

Primary Email:_____

NMHED will send the majority of communication via email. Please ensure your email address is accurate.

Graduation Date:_____ Degree Completed:_____

University/College Name:_____

****Please attach a copy of your driver's license and a copy of your professional license/certificate** (i.e. medical license, nursing certificate, teaching license etc.)*

I hereby authorize release of the information requested in Section 2.

_____ _____

Borrower Signature Date

SECTION 2: Employment (to be completed by employer)

Name of Employee:_____ Job Title:_____

Employment Start Date:_____ Employment End Date (if applicable):_____

Average Number of Hours Worked Per Week:_____

(If under 36 hours, please provide copy of work schedule along with a written request to have your service obligation extended. The request should explain the circumstances for working under the obligated 36 hours weekly required for all Loan-For-Service Programs. The request may be emailed to fin.aid@state.nm.us for review.

Institution Name:_____

Institution Address:_____

City:_____ County:_____ State:_____ Zip:_____

Name of Person Completing Form:_____

Title of Person Completing Form:_____ Phone Number:_____

Employer Email Address:_____

I _____ hereby certify that the information on section 2 of this application is true and complete to the best of my knowledge. If asked by the New Mexico Higher Education Department I will provide proof of the information I have provided on section 2 of this application. I understand all information can and will be used in a legal capacity if necessary.

_____ _____

Signature **Date**

SECTION 3: Consent Waiver
Designation of Authorized Representative

I hereby authorize the following to disclose to the New Mexico Higher Education Department my last known address, postal and residential, and the name and address of my employer, if known:

(1) United States Internal Revenue Service (2) Bureau of Revenue of any state in which I have filed tax returns; (3) United States Postal Service; (4) United States Department of Health, Education and Welfare; (5) United States Social Security Administration; (6) any branch of the United States military service in which I have served; (7) Department of Motor Vehicle of any state in which I am licensed or an the registered owner of a vehicle ; and (8) all other institutions, agencies, employers, and individuals, public or private.

I hereby designate the New Mexico Higher Education Department as my authorized representative for the purpose of requesting and obtaining such information and I waive on behalf of myself and any persons who may have an interest in the matter, all provisions of law relating to the confidentiality of any information so disclosed, specifically including, but limited to, the Federal Privacy Act of 1974, as amended.
This authorization form is freely given in consideration of funds advanced to me by the above agency.

This authorization shall expire upon completion of my obligation with NMHED.

NEW MEXICO HIGHER EDUCATION DEPARTMENT

BorrowerSignature:_____Date:_____

SECTION 4: To be completed by a Notary Public

State of New Mexico
County of _____

This instrument was acknowledged before me this _____day of _____ 20_____

by_____
(name of person)

(Seal)

_____
Signature of notarial officer

My commission expires:_____

CHECK LIST

Please ensure your packet contains the following documents:

☐ Sheet #1 containing Section 1 Participant information. All fields must be complete;

☐ Sheet #2 containing Section 2 Employer information. All fields must be complete;

☐ Sheet #3 containing Sections 3 and 4, Consent Waiver and Notary Public information. All fields must be complete;

☐ Copy of your driver's license;

☐ Copy of your professional license/certificate (ie medical license, nursing certificate, teaching license etc.).

The complete packet should be scanned and emailed to the New Mexico Higher Education Department, Financial Aid Division at fin.aid@state.nm.us. Please put **"Last Name, First Name, WS"** in the subject line of the email.

Please keep a copy of the packet for your records.
If you have any questions regarding the submission of your packet, you may contact our office at 1-800-279-9777 or you may send an email to fin.aid@state.nm.us.