

## Verification of Employment

	Δ· TO BE	COMPLETED BY	THE WSU	STUDENT
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Your Full Legal Name:
Your Mailing Address (Street, City, State, Zip):
Your Phone:
Your Email Address:
Your MyWSU ID:
Your Academic Program:
Organization in Which You Are Employed:
Your Job Title:
B: TO BE COMPLETED BY SUPERVISOR /EMPLOYER REPRESENTATIVE:
Po ) ° ° ° B ) C ) . R 0 , ) ) ) ° ° ° ° A 0 ) OR ) 0 ) ) C ) ) 0 ) .
Name of Your Organization:
Your Name:
Your Title
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## C. VERIFICATION (TO BE COMPLETED BY SUPEVISOR/EMPLOYER REPRESENTATIVE)

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