



<u>FOR OFFICE USE ONLY</u>	
#	_____
CODE	_____
INT/DATE	_____

Employee Tuition Reimbursement Form

This is to verify that _____
(Please Print Student's Name)

is employed by _____
(Please Print Employer's Name)

and is eligible for _____% educational tuition reimbursement benefits.

Additional Comments:

Authorized Personnel Name (please print)	
Title (please print)	
Phone Number	
Authorized Personnel Signature	
Date	

If for any reason my employer does not pay my tuition at King's College, I will be fully responsible for all costs incurred by me.

Student's Signature: _____ Date: _____

Social Security Number: _____

**Please Return To: King's College, Business Office
 133 N. River Street, Wilkes-Barre, PA 18711**