NWACC
NORTHWEST ARKANSAS
COMMUNITY COLLEGE

## Request from Employer for Residency Verification

**To: Human Resource/Personnel Department**
**From: NWACC Admissions Office**

**The individual named below requests verification of employment and address as listed on company personnel records.**

Name: _____

SSN: _____

Employee signature: _____

**- FOR EMPLOYER USE ONLY-**

*Human Resource/Personnel Department should complete this section in full.*

1. Today's date: _____

2. What date did the employee named above begin employment? _____
   If applicable, what date did employment end?_____

3. What physical address was listed on your company's personnel record for this employee ***as of the date employment began?***

   _____
   Street City State Zip

4. Does this employee currently have a different address listed on the personnel record? ❑ No ❑ Yes
   If yes, what is the current address? _____
   If yes, what is the effective date of the current address? _____

6. To your knowledge, did this employee move to the above address for the purpose of accepting or maintaining full-time employment with you? ☐ Not applicable ☐ Yes ☐ No

5. Employee status currently: ❑ Full-time ❑ Part-time ❑ Temporary ❑ Other:_____

Print your name: _____

Your job title: _____

Your company name: _____

Your phone number: _____

Your signature: _____

**Please return the completed form to employee OR mail to:**

**NWACC Admissions Office**
**One College Drive**
**Bentonville, AR 72712**
**Or Fax Form to: 479-619-2229 Questions Call: 479-619-4232**