



Workforce Initiative Network
San Jose/ Evergreen Community College District
2100 Moorpark Avenue, # SC-215
San Jose, CA 95128-2799

Verification

Verification: [] Federal Work-Study [] Community Service/Volunteer [] WEX/Internship

Student:

Name _____

Address _____ CA, _____

Phone _____ mail _____

Student Signature: _____ Date: _____

My signature authorizes the release of information requested below.

Agency/Employer:

Name of Program /Company _____

Program/Company Address: _____ CA, _____

Supervisor Phone #: _____ Fax #: _____

Email: _____

Coordinator Full Name: _____

Coordinator Signature _____ Date: _____

Start Date: _____ End Date: _____

Hours per week: _____

- [] MON. [] THURS. [] SAT.
[] TUE. [] FRI. [] SUN.
[] WED.

I certify under penalty of perjury that the information stated above is true and accurate.