

PSLF Employment Certification Form

Personal Details

1. Full Name: _____
2. Social Security Number: _____
3. Date of Birth: _____

Employment Verification for PSLF

- Employer Name: _____
- Type of Public Service Organization: _____
- Employer Address: _____

Certification of Employment

- Employment Start Date: _____
- Current Employment Status: Employed Not Employed

Acknowledgment

- Employee Acknowledgment: (Checkbox) I certify that the above information is true and correct.

Authorization

- Employee Signature: _____
- Date: _____