



THE UNIVERSITY *of*
NEW ORLEANS

ENROLL NOLA/HYNES SCHOOL

University of New Orleans Employee Verification

Employee Name: _____

Employee Title: _____ **Employee ID#:** _____

Employee Home Address:

Street: _____

City: _____

Zip: _____

**Parent/guardian name (name must match the student's birth certificate and/or
custody papers:** _____

Parent/guardian email: _____

Parent/guardian phone number: _____

Student Name: _____

Student Grade: _____ **One App ID Number:** _____

Employee Signature

HRM Representative Signature