

[Employer Letterhead]

[Date]

U.S. Department of Education
P.O. Box 300010
Augusta, GA 30903

Re: Employment Verification for Public Service Loan Forgiveness (PSLF)

To Whom It May Concern,

This letter is to verify the employment of **[Employee Full Name]** for the purpose of the Public Service Loan Forgiveness program. Our records confirm the following details:

- **Employee Social Security Number:** [Last 4 Digits: XXX-XX-0000]
- **Employment Start Date:** [MM/DD/YYYY]
- **Employment End Date:** [MM/DD/YYYY or "Still Employed"]
- **Employment Status:** [Full-Time / Part-Time]
- **Average Hours Worked Per Week:** [Number of Hours]

Employer Information:

- **Organization Name:** [Organization Name]
- **Federal Employer Identification Number (FEIN):** [00-0000000]
- **Organization Type:** [e.g., 501(c)(3) Non-Profit / Government Agency]
- **Organization Address:** [Street Address, City, State, Zip Code]

I certify that the organization listed above is a public service organization under the terms of the PSLF program and that the information provided is true and correct to the best of my knowledge.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Phone Number]

[Email Address]