



Student Accounting
 1 College Drive
 East Peoria, IL 61635-0001
 FAX (309) 694-8461

EMPLOYER TUITION BENEFIT VERIFICATION FORM

Student Information (complete no earlier than 30 days prior to the start of the term)

 Name (Last, First, M.I.)

 ICC ID# ICC Student Email Address

 Address

 City, State, Zip Phone Number

 Signature Date

Employer Information (completed by employer no earlier than 30 days prior to the start of the term)

 Employer Name

 Address

 City, State, Zip Phone Number

The student listed above is an employee of our organization and is entitled to tuition benefits upon completion of the course(s). I have indicated below how much in dollars or percentages that our organization will pay for tuition and fees.

Authorized Percentage	Payment Amount	Charge
		Tuition
		Fees

Completing this form does not make the employer responsible for payment; the student, not the employer, is responsible for payment. I certify the above name individual is employed by our organization as of this date and is eligible for the education benefit for tuition and fees which is reimbursed upon completion of the course and a grade issued.

 Signature Title

 Printed Name Date