



## NeighborHOOD Partner Program Authorization Form

Thank you for your interest in Hood College and the NeighborHOOD Partner Program. This form must be completed for each semester the student plans to enroll at Hood.

Partner Organization:	Frederick Health			
Planned Semester Enrollment (indicate year)	Fall ___	Spring ___	Summer 1 ___	Summer 2 ___
College Level:	Undergraduate ___ Graduate ___			
Major/Program:	_____			

Employee Name:	_____
Street:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____
I understand that Hood College reserves the right to request appropriate proof of the relationship between me and any student receiving this tuition discount by virtue of my employment, including but not limited to proof of marital status and/or proof that the recipient qualifies as a dependent child in accordance with IRS regulation. My signature provides approval for Hood College to contact the employer for the purpose of obtaining or verifying any information required for this program and acknowledges the privileges and limitation of the NeighborHOOD Partners Program as outlined at <a href="http://www.hood.edu/NeighborHOOD">www.hood.edu/NeighborHOOD</a> :	
Signature _____	Date _____

Student Name:	_____
Student ID Number (if known):	_____
Relationship to employee:	Self ___ Spouse ___ Dependent Child ___
Street:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____

The employee must be employed by the partner organization no later than the first day of the semester the student intends to enroll and any employer-funded education benefits fully utilized.

___ Employment verified	___ Employer-funded education benefits utilized
	___ Spouse/dependent verification

Organization Authorizing Official

Print name	_____
Signature	_____
	Date _____

### HR Office:

*For undergraduate candidates, please return completed form to [admission@hood.edu](mailto:admission@hood.edu).*

*For graduate candidates, please return completed form to [gofurther@hood.edu](mailto:gofurther@hood.edu).*