



## EMPLOYER DATA

Employer Name \_\_\_\_\_

Employer Address (Number, Street, City, State, ZIP) \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Will your employer be funding your Harding education?  Yes  No

Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_

Have other members of your immediate family attended Harding?  Yes  No

If yes, who? \_\_\_\_\_ What relationship? \_\_\_\_\_

To the best of my knowledge, the foregoing is correct and complete. Furthermore, as a Harding student, I agree to abide by all rules, regulations and requirements of the University, including financial matters. I also agree that any credit balance on my account in the Business Office may be applied to other debts to the University. I understand that amounts received from aid awards will be credited to my school account. If a credit balance results, I authorize Harding University to hold my credit until I make written request for it.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR YOUR INFORMATION:

Harding's CLEP code is 6267.

Financial Aid Title IV code is 001097.

Harding University does not discriminate on the basis of race, color, creed, religion, sex, marital status, age, disability, national or ethnic origin or receipt of public assistance in its educational programs, activities or employment to the extent required by law, except where necessitated by religious tenets held by the institution and its controlling body.

## TRANSCRIPT REQUEST FORM

Please send an official copy of my college transcripts, as well as a copy of my immunization record, if available, to the following address:

**HARDING**  
U N I V E R S I T Y

A D M I S S I O N S O F F I C E  
H.U. 12255, SEARCY, AR 72149-0001  
[www.harding.edu](http://www.harding.edu)

Thank you very much.

\_\_\_\_\_  
signature

\_\_\_\_\_  
social security number

\_\_\_\_\_  
date

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✂ cut line

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