

**Crozer-Keystone Health System**  
***Tuition Discount Verification Form***

Year: \_\_\_\_\_ Term (Select one): ☐ Fall ☐ Spring ☐ Summer

---

**Section A. (Completed by the student)**

I hereby authorize certification of my employment status to Widener University.

Name of Employee: \_\_\_\_\_

Relationship to Student: ☐ Self ☐ Spouse ☐ Dependent

Student ID: \_\_\_\_\_ Program: ☐ Undergraduate ☐ Graduate

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Section B. (Completed by the employer)**

☐ I certify that the above named student is an employee of the Crozer-Keystone Health System or is the spouse or dependent of an employee of the Crozer-Keystone Health System and is eligible for discounted tuition upon acceptance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_