



Literacy Assistance Center
LAC Academy

RAEN Tuition Waiver Employment Verification Form

This is to certify that _____(Print Name of Applicant) is
a valued employee of the _____(Print Name of the RAEN
Organization and Specific Program),
having worked for this organization for the past _____ (# of years), in a
NYSED WIA Title II or other NYSED-funded program.

As a NYSED-funded NYC RAEN member, we request that you accept this applicant as
a tuition-free member of the following ALECC cohort group: _____
(indicate Fall 2011 cohort, Winter 2012 Intensive cohort, Spring 2012, Summer 2012
Intensive cohort).

Print Name of Supervisor: _____

Signature of Supervisor: _____

Date of Signature: _____

Supervisor Telephone #: _____

Supervisor email Address: _____