



**Finger Lakes Health College of Nursing and Health Sciences**

**Student Employment Attestation**

**Student Information**

Graduate's Name (please print): \_\_\_\_\_

Program Completed (RN, LPN, Surgical Technology): \_\_\_\_\_

Month/Year of graduation: \_\_\_\_\_

**Employment Information**

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

Job Title: \_\_\_\_\_ Employment start date: \_\_\_\_\_

This letter serves as attestation of the above job placement for the student listed above, as verified by the student's signature below.

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Student Signature

Date