



**WMU Landscape Services  
Student Employee Information**

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

**WMU WIN #** \_\_\_\_\_

Social Security # \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Credit Hours: \_\_\_\_\_

Fill out the attached form:

- Student Consent to Disclosure of Records

Please provide:

- Copy of Class Schedule
  - Copy/Proof of Work Study Award if applicable
- 