



**Penske Truck Leasing Company, L.P.
Certification Form**

Year: _____ Term (select one): Fall Winter Spring Summer

Section A. (completed by the student)

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

Printed Name: _____
Student ID: 000-_____ Program: Undergraduate Graduate Doctoral
Signature: _____ Date: _____

Section B. (completed by the employer)

I certify that the above named student is an employee of Penske Truck Leasing Company, L.P. and eligible for the 20% Partnership Discount upon acceptance.

Indicate the amount to be reimbursed to student: _____

Authorizing Official's Signature: _____ Date: _____

Title _____ Phone: () _____

***If receiving Tuition Reimbursement, payment is due no later than 60 days from the conclusion of the class.*

When all sections are complete, forward this sheet to:
Alvernia University - Student Billing Office
400 St. Bernardine Street, Reading, PA 19607
Student.Billing@alvernia.edu or (fax) 610.796.8425