Loan Repayment Assistance Program
Employer Certification Form

Part A: To be completed by the applicant
(If more than one employer, a form should be completed by each employer)

Name:_____
I authorize my employer, _____, to provide the information requested in Part B of this form to Suffolk University Law School for participation in the Loan Repayment Assistance Program (LRAP).

Applicant's Signature:_____ Date:_____

Part B: To be completed by the employer
The person named above has applied to the Suffolk University Law School Loan Repayment Assistance Program (LRAP). The program requires certification by the employer of the applicant's employment status, salary, and job responsibilities. Please complete this form and return it to the applicant. This form is required bi-annually in order for the applicant to receive benefits from the program.

Beginning date (or projected beginning date) of employment:_____

Employee's job title:_____

Job responsibilities:_____

Number of hours worked per week:_____

Annual salary (or projected annual salary): Gross $_____

List any benefits received in addition to salary (housing, food, bonuses, etc.):_____
_____

List any recent or anticipated changes in salary and effective dates:_____
_____

Does your organization provide loan repayment assistance to the applicant?
( ) No ( ) Yes – amount per year $_____

Is your organization a government agency or does your organization have IRS 501(c)(3) status? ( ) No ( ) Yes

I hereby certify that all of the above information is true and complete to the best of my knowledge.

_____
Authorized Signature Printed Name and Title Date

_____
Name of Employer Address Phone