

**Fordham University School of Law**  
**LOAN REPAYMENT ASSISTANCE PROGRAM**  
**Office of Financial Aid**  
**150 West 62<sup>nd</sup> Street, 4<sup>th</sup> Floor**  
**New York, NY 10023**  
**(212) 636-6815**

**Employer Certification Form**

**TO BE COMPLETED BY THE APPLICANT:**

If the applicant has more than one employer, this form should be duplicated and completed by each employer.

Name \_\_\_\_\_

I authorize my employer at \_\_\_\_\_

to provide the information requested below to Fordham University School of Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER:**

The above-named applicant has applied to Fordham Law School's Loan Repayment Assistance Program. As part of the application process, each applicant must submit certification of his or her employment status. Kindly complete the information requested below and return this form to your employee. Thank you.

Date full-time employment began \_\_\_\_\_

Monthly salary: Gross \_\_\_\_\_ Net \_\_\_\_\_

Annual salary: Gross \_\_\_\_\_ Net \_\_\_\_\_

Job Title \_\_\_\_\_

Benefits received in addition to salary \_\_\_\_\_

Does the employer provide the applicant with assistance in the repayment of student loans?

Yes  No If yes, how much per year? \_\_\_\_\_

Does your organization have IRS 501(c)(3) tax exempt status?

Yes  No If yes, please provide photocopy of IRS tax-exempt determination letter.

Authorized Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Name, Address, and Telephone Number of Employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_