

**Fordham University School of Law
Loan Repayment Assistance Program
Office of Financial Aid
150 West 62nd Street, 4th Floor
New York, NY 10023
(212) 636-6815**

Employer Certification Form For Applicant's Spouse

TO BE COMPLETED BY THE APPLICANT'S SPOUSE:

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

Name of Applicant _____

Name of Applicant's Spouse _____

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 spouse of the above-named employee has applied to Fordham Law School's Loan Repayment Assistance Program. As part of the application process, each applicant's spouse 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 employment began _____ Full-time Part-time

Monthly salary: Gross _____ Net _____

Annual salary: Gross _____ Net _____

Job Title _____

Benefits received in addition to salary _____

Authorized Signature _____

Printed Name and Title _____

Name, Address, and Telephone Number of Employer _____

Date _____