

Fordham University School of Law
LOAN REPAYMENT ASSISTANCE PROGRAM FOR JUDICIAL CLERKS
Office of Financial Aid
150 West 62nd Street, 4th Floor
New York, NY 10023
(212) 636-6815

Employer Certification Form

TO BE COMPLETED BY THE APPLICANT:

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 is applying to Fordham Law School's Loan Repayment Assistance Program. Each applicant must submit certification of his or her employment status. Please complete the information requested below and return this form to your employee. Thank you.

Date judicial clerkship began _____

Date judicial clerkship will end _____

Authorized Signature _____

Printed Name and Title _____

Name, Address, and Telephone Number of Employer _____

Date _____