



EMPLOYER CERTIFICATION FORM

TO BE COMPLETED BY THE APPLICANT:

I, _____ authorize _____
Applicant First Name & Last Name Name of Employer

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

Applicant's signature Date (MM/DD/YY)

TO BE COMPLETE 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.

Employer Name Telephone No.

Employer Street Address City State Zip

Applicant's Full-time Start Date (mm/dd/yy)

Gross Monthly Salary Gross Annual Salary

Net Monthly Salary Net Annual Salary

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 a photocopy of IRS tax-exempt determination letter.

Authorized Person's Full Name Title

Authorized Signature Date (MM/DD/YY)