Albany Law School

LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP)
EMPLOYMENT VERIFICATION FORM

Part A - Applicant Section

Name:_____SS#: _____

I hereby authorize _____(employer) to provide the Albany Law School Financial Aid Office with the information requested in Part B and such other information concerning my employment as the institution may request.

Applicant's Signature _____ Date _____

Part B - Employer Section

The above-named employee has applied for the Albany Law School Loan Repayment Assistance Program. Please complete the following information and return this form to: **Albany Law School, Financial Aid Office, 80 New Scotland Avenue, Albany, NY 12208 by March 31.** Please contact us at (518) 445-2357 with any questions. Thank you.

Job Title of Employee: _____
Hours per week: _____

Date of Hire: _____Annual Gross Salary: _____

Does the employer provide loan repayment assistance to the applicant? ___No
___Yes: $_____/year

Brief Summary of Employee's Responsibilities:

_____

_____

_____

Does the employer have IRS 501(c)(3), (4), or (5) status? ___No ___Yes _____Number

Name of Employer: _____

Address of Employer: _____

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

Signature _____Date _____

Printed Name _____Telephone _____

Title _____Email _____