

University of New Hampshire Franklin Pierce
School of Law

**LOAN REPAYMENT ASSISTANCE PROGRAM
EMPLOYER CERTIFICATION FORM**

Part A: To be completed by the applicant.

Name: _____

I authorize my employer at _____ to provide the information requested in Part B of this form to the UNH Franklin Pierce School of Law. I also authorize UNH Franklin Pierce School of Law to contact my employer directly should there be any questions about my employment information.

Signature: _____ Date: _____

Part B: To be completed by the employer.

The person named above has applied to the UNH Franklin Pierce School of Law Loan Repayment Assistance Program (LRAP). The program application requires certification by the employer of the applicant's employment status and current salary. Please complete the following and return this form to the applicant. Please complete this information on a timely basis to ensure that your employee receives full consideration for these benefits. Thank you.

1. Employment start date: _____
2. Current position title for employee: _____
3. Employee's current annual salary: \$ _____ (Gross)
4. Does the employer provide loan repayment assistance to the employee? () No () Yes,
\$ _____ per year
5. If not a government agency, do you have not-for-profit status with the IRS? () No () Yes
Tax ID# _____

I hereby certify that all of the information presented on this form is true and complete to the best of my knowledge.

Authorized Signature

Printed Name and Title

Date

Name of Employer

Employer Phone Number