

**Fordham University School of Law
Loan Forgiveness Program
Office of Financial Aid
33 West 60th Street
New York, NY 10023
(212) 636-6815**

Employer Certification Form

TO BE COMPLETED BY THE APPLICANT:

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

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 applicant has applied to Fordham Law School's Loan Forgiveness 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 the applicant. Thank you.

Date full-time employment began _____

Monthly salary: Gross _____ Net _____

Annual salary: Gross _____ Net _____

Job Title _____

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 photocopy of IRS tax-exempt determination letter.

Authorized Signature _____

Printed Name and Title _____

Name, Address, and Telephone Number of Employer _____

Date _____