

FORDHAM UNIVERSITY SCHOOL OF LAW
LOAN REPAYMENT ASSISTANCE PROGRAM
33 WEST 60TH STREET
NEW YORK, NEW YORK 10023-7485
(212) 636-6815

CERTIFICATION FOR CONTINUING PARTICIPATION

TO BE COMPLETED BY THE FORDHAM LAW SCHOOL LOAN REPAYMENT ASSISTANCE PARTICIPANT:

Name _____ Social Security Number _____

Spouse's Name _____

Address _____

_____ E-mail Address

Home Telephone _____ Work Telephone _____

I hereby certify that the information provided in my most recent application for admission to the Fordham Law School Loan Repayment Assistance Program is still accurate as to my employment, marital and financial status, except for: (attach a separate sheet if necessary)

and I agree to notify the Associate Director of Law School Financial Aid within thirty days of any subsequent change in said status.

Further, I authorize my employer at _____ to provide the information requested to Fordham University School of Law.

Upon completion of this form by your employer, kindly mail it, together with a complete, signed photocopy of your 2009 Federal income tax return, including all Schedules and W-2 forms, and a repayment history from each of your loan servicers confirming that all loan repayments for which you have received loan repayment assistance are up-to-date to:

Mrs. Kathleen Keenan
Associate Director, Law School Financial Aid
8 Eastview Road, Knollcrest
New Fairfield, CT. 06812

These documents must be received no later than May 14, 2010 Please keep in mind that under the recertification procedures of the Program, failure to respond on a timely basis will result in termination of your participation in the Program. Reinstatement can be accomplished only by appeal to the Faculty Committee.

Signature _____ Date _____

TO THE PARTICIPANT:

Kindly print your name and Social Security Number:

Name _____ Social Security Number _____

TO THE EMPLOYER:

The above-named graduate of Fordham University School of Law is a participant in the Law School's Loan Repayment Assistance Program for graduates employed in public interest law. This form will be used to certify the graduate's continued eligibility in the Program. Kindly complete the information requested below and **return this form to the participant**. Thank you.

Name, Address and Telephone Number of Employer: _____

Participant's Job Title: _____

Brief Description of Participant's Job Responsibilities _____

Date Participant's full-time employment began _____

Current Monthly Salary: Gross _____ Net _____

Current Annual Salary: Gross _____ Net _____

Benefits Participant receives in addition to salary: _____

Authorized Signature _____ Date _____

Title _____

Please Print Name and Title _____
