

Drexel University Thomas R. Kline School of Law

Loan Repayment Assistance Program

Employer Certification Form

Submit by November 1

Part A: To be completed by the *APPLICANT* (Complete Part A and submit to your employer.)

Applicant's Name

Social Security #

Employer

I hereby authorize my employer to provide the information requested in Part B to Drexel University Thomas R. Kline School of Law.

Applicant's Signature Date

Part B: To be completed by the *EMPLOYER*.

Please complete the information requested below concerning the employment status of the above-referenced individual. Please complete and return before the November 1 deadline.

Drexel University Thomas R. Kline School of Law
Rashida West, Esq.
3320 Market Street
Philadelphia, PA 19104
215-571-4744 (Fax)

If you have any questions, please contact Rashida West at 215-571-4805 or rtw27@drexel.edu.

Dates of Employment Hours/week

Current Annual Gross Salary

If salary increase is expected, please specify amount and effective date:

New Salary Effective Date

Type of Position/Nature of Work

Is a J.D. degree required for this position?

Yes

No

Is your organization a local, state, or federal government agency or an organization exempt under 501(c)(3) of the Internal Revenue Code? Please check the appropriate box:

Yes

No

Employer's Name

Employer's Address

Employer's Phone Employer's Fax

Respondent's Name

Respondent's Title

Signature Date