



HOWARD AND PHYLLIS EISENBERG LOAN REPAYMENT ASSISTANCE PROGRAM
EMPLOYER CERTIFICATION FORM

Part A: To be completed by the applicant.

Name: _____ Social Security #: _____

I authorize my employer at _____ to provide the information requested in Part B to the Marquette University Law School.

Applicant's Signature Date

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Part B: To be completed by the employer.

The above-named applicant has applied to a Loan Repayment Assistance Program at Marquette University Law School. Part of the application process requires certification from the employer of the applicant's employment status. Please complete the following information and return it to the applicant for submission with their application materials.

Start Date of employment: _____

Percentage Employment (i.e., full-time, 1/2 time, etc.): _____

Annual Gross Salary: _____

Applicant's title or job description: _____

Authorized Signature of Employer Name (printed) and Title Date

Name of Employer Address Telephone #