



LAW SCHOOL

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

.....
Part B: To be completed by the employer.

Dear Sir or Madam:

The above-named applicant has applied to a special 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, ½ 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 #