Loan Repayment Assistance Program
Employer Certification Form for Applicant's Spouse

Part A: To be completed by the applicant's spouse
(If more than one employer, a form should be completed by each employer)

Name of Applicant:_____

Name of Applicant's Spouse:_____

I authorize my employer, _____, to provide the information requested in Part B of this form to Suffolk University Law School for my spouse's participation in the Loan Repayment Assistance Program (LRAP).

Spouse's Signature:_____ Date:_____

Part B: To be completed by the spouse's employer
The spouse of the person named above has applied to the Suffolk University Law School Loan Repayment Assistance Program (LRAP). The program requires certification by the employer of the employment status and salary of the applicant's spouse. Please complete this form and return it to the person named above. This form is required bi-annually in order for the applicant to receive benefits from the program.

Beginning date (or projected beginning date) of employment:_____

Employee's job title:_____

Annual salary (or projected annual salary): Gross $_____

List any benefits received in addition to salary (housing, food, bonuses, etc.):_____
_____

List any recent or anticipated changes in salary and effective dates:_____
_____

I hereby certify that all of the above information is true and complete to the best of my knowledge.

_____
Authorized Signature Printed Name and Title Date

_____
Name of Employer Address Phone