



Loan Repayment Assistance Program (LRAP)

EMPLOYER CERTIFICATION FORM

Submit by March 15 of the year after your graduation

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

Name: _____

Social Security Number: _____ - _____ - _____

I hereby authorize my employer, _____, to provide the information requested in Part B to The Ohio State University Moritz College 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 **March 15 deadline** to:

The Ohio State University
Moritz College of Law
Cybele Smith, LRAP Coordinator
55 W. 12th Ave.
Columbus, Ohio 43210

If you have any questions, please contact Cybele Smith at 614-292-7707 or 614-292-6667 fax.

Dates of Employment: _____ Hours per week: _____

Current Annual Gross Salary: _____

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

Title of Position/Nature of Work: _____

Is your organization a local, state, or federal government agency or an organization exempt under 501 (c)(3) of the internal revenue code? Yes No

Employer Name: _____

Employer Address: _____

Employer Telephone: (____) _____ - _____

Print Name of Respondent: _____

Title: _____

Employer's Signature

Date