



SEATTLE UNIVERSITY SCHOOL OF LAW  
2022-23 Loan Repayment Assistance Program (LRAP)

EMPLOYER CERTIFICATION FORM

Priority Deadline: April 15, 2024

Part A: To be completed by the applicant.

Name: \_\_\_\_\_

Social Security Number or Employer ID: \_\_\_\_\_

I hereby authorize my employer, \_\_\_\_\_, to provide the information requested in Part B to Seattle University School of Law LRAP.

Applicant's Signature

Date

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Part B: To be completed by the employer.

Please complete the information requested below concerning the employment status of the above-referenced individual.

Employer, please complete and return before the priority deadline.

Mail:

Seattle University School of Law

LRAP Committee, Student Financial Services

901 12<sup>th</sup> Avenue, Sullivan Hall

Seattle, WA 98122-1090

Email: lawfa@seattleu.edu

Fax: 206.398.4058

Questions? Contact us at 206.398.4250 or lawfa@seattleu.edu.

Dates of Employment: \_\_\_\_\_ Full-time: ☐ Part-time: ☐ (\_\_\_\_\_ hours/week)

Current Annual Gross Salary: \_\_\_\_\_

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

Title of Position/Nature of Work: \_\_\_\_\_

Value of Employer Paid Benefits:

Retirement: \_\_\_\_\_

Life Insurance (cash value): \_\_\_\_\_

Housing Allowance: \_\_\_\_\_

Loan Repayment Assistance: \_\_\_\_\_

Other: \_\_\_\_\_

Is your organization qualified for tax exemption as determined by the Internal Revenue Service? ☐ Yes ☐ No

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Email for Respondent: \_\_\_\_\_

Print Name of Respondent: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature

Date