



SEATTLE UNIVERSITY SCHOOL OF LAW
2023-24 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

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 12th 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