



**SCHOOL OF LAW
OFFICE OF STUDENT FINANCIAL SERVICES**

EMPLOYER CERTIFICATION
(Complete for each employer)

PART A (To be completed by Applicant)

I, _____ (applicant name), authorize _____ (employer name) to provide the information requested in Part B of this form to New York University School of Law.

LRAP Application Year _____ Graduation Year (mm/yyyy) _____ SSN or Univ. ID# _____

Are you willing to be contacted by current NYU law school students or graduates about your job?

☐ Yes (preference: ☐ Home ☐ Work) ☐ No

Applicant's Signature Date

PART B (To be completed by Employer)

1. Dates of employment: (from) _____ (to) _____

2. Is participant considered full-time employee? _____

3. # of Hrs. Employed per Week: _____ 4. Annual Gross Salary: \$ _____

5. Effective Date of Salary: _____ 6. Job title: _____

7. Does the position require a JD degree? _____ 8. A license to practice law? _____

9. Employer Status (check appropriate box):

a. Government/Public Agency: ☐ Federal ☐ State ☐ City ☐ Other: _____

b. Non-profit [501(c)(3)] ☐ If a or b, please provide Employer Tax ID _____

c. Private, for profit organization ☐

d. Non-U.S. based private, NGO ☐ e. Other ☐ _____

10. Itemize benefits associated with this position (i.e., including but not limited to housing or food allowances, relocation benefits, bonuses, payouts from waiver of insurance coverage, student loan repayment benefits, etc.). Do not itemize benefits such as health or life insurance:

Benefit Item	\$ Value	Effective Date	Comment

Name/Title of Employer Representative (please print) Signature of Representative Date

Employer Address City State Zip Telephone

EMPLOYER - Please return this form directly to:
NYU School of Law, Office of Student Financial Services,
245 Sullivan Street, 4th Floor,
New York, NY 10012
or fax to (212) 995-4525