



New York University
A private university in the public service

School of Law
 Student Financial Services
 245 Sullivan Street, 4th Floor
 New York, NY 10012

**POST-CLERKSHIP EMPLOYER
 CERTIFICATION**

(Complete for each LRAP eligible employer)

PART A - (To be completed by LRAP participant; CHECK ONE)

I, _____ :
 (name of participant)

WILL NOT continue in LRAP-eligible employment following my clerkship. I understand that by not continuing in LRAP-eligible employment I am responsible for repaying all LRAP benefits received during my clerkship (plus accrued interest thereon).

WILL continue in LRAP-eligible employment within 30 days following the end of my clerkship. I authorize _____ (name of post-clerkship employer) to provide the information requested in Part B of this form to New York University School of Law. (IF YOU CHECKED THIS BOX, PLEASE HAVE YOUR POST-CLERKSHIP EMPLOYER COMPLETE SECTION B AND RETURN THE FORM DIRECTLY TO THE OFFICE OF STUDENT FINANCIAL SERVICES).

SSN or Univ. ID # _____ Graduation Date (mm/yyyy): _____

Applicant's Signature _____ Date _____

PART B

(To be completed by Employer)

1. Starting date of employment: _____ 2. # of Hrs. Employed per week: _____

3. Annual gross salary: \$ _____ 4. Job title: _____

5. Does the position require a JD degree? _____ 6. A license to practice law? _____

7. Itemized value of all non-salary related monetary benefits, including, but not limited to bonuses, insurance (if subsidy for insurance is paid directly to employee), student loan repayment benefits, housing subsidies, etc.:

| Benefit Item | \$ Value | Effective Date |
|--------------|----------|----------------|
| | | |
| | | |

 Name and Title of Authorized Employer Representative (please print)

 Employer Representative Signature Date

 Employer Address City State Zip

 Employer Telephone Employer Facsimile

Please return this form 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