



The Loan Repayment Assistance Program (LRAP) requires each participant to provide employment verification as part of the application process for benefits. This form must be completed by the employer and returned using the contact information provided below. Participants who are married must also provide spousal employment verification using a separate form if applicable. Failure to return this form may result in the delay or cancellation of LRAP benefits. Please contact us at nyulaw@mylrp.org or (331) 227 – 5698 if you have any questions.

Participant Name: _____ N#: _____ Grad Year: _____
(required)

Spouse Name: _____

Employer Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: Phone: _____ Email: _____

Employer Type: U.S. Government Federal State City County Tribal Other: _____

Clerkship

501(c)(3)

Private/for-profit *(Documentation of LRAP-eligible casework may be needed for participants only)*

Non-governmental Organization (NGO)

Fellowship: Name: _____ Employer pays participant directly: Yes No

NYU Grant: _____ Employer pays participant directly: Yes No

Other: _____

Annual Gross Income: \$ _____ Effective Date: _____ Employment Start Date: _____

J.D. Required: Yes No License to Practice Law Required: Yes No Full-Time Employment: Yes No
(participant only) (participant only)

In the space below, please itemize any additional benefits associated with this position. Additional benefits paid may include (but are not limited to) relocation allowances, transportation allowances and student loan repayment benefits. Please do not include benefits such as health or life insurance. If additional space is needed, please attach a separate document.

Benefit Item	Value (\$)	Effective Date	Comment

Employer Rep Signature: _____ Date: _____

Employer Rep Name: _____

Please return completed forms using the following:

Email: nyulaw@mylrp.org
Fax: (331) 227 - 5287