



School of Law  
 Loan Repayment Assistance Program

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 to the Office of Student Financial Services using the contact information provided. Participants who are married must also provide spousal employment verification to be considered. Failure to return this form may result in the delay or cancellation of LRAP benefits.

**Participant Name:** \_\_\_\_\_ **ID:** N \_\_\_\_\_ **Grad Year:** \_\_\_\_\_  
*(required)*

**Spouse Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Contact:** **P:** \_\_\_\_\_ **F:** \_\_\_\_\_

**Employer Type:**

Government     Federal     State     City     Tribal

Clerkship

501(c)(3)

Private/for-profit    *(Documentation of LRAP-eligible casework must be attached for participants)*

NGO, non-U.S. based

Fellowship: \_\_\_\_\_ Paid directly by employer:  Yes  No

NYU Grant: \_\_\_\_\_ Paid directly by employer:  Yes  No

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

**Annual Gross Income:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_ **Employment Start Date:** \_\_\_\_\_

**JD Required:**  Yes  No    **License to Practice Law Required:**  Yes  No    **Full-Time Employment:**  Yes  No

In the space below, please itemize any additional benefits associated with this position. Additional benefits may include (but are not limited to) relocation allowances, student loan repayment benefits, payouts from insurance cover waivers, etc. 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:** \_\_\_\_\_