

EMPLOYER VERIFICATION FORM

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

<p>To Employer: _____</p> <p>I authorize you to release the information requested below to Loyola University Chicago School of Law, to support my application under its Loan Repayment Assistance Program.</p> <p>Name of Employee: _____</p> <p>Signature of Employee: _____</p> <p>Date: _____</p>
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EMPLOYER VERIFICATION

The individual named above is applying for benefits under the Loan Repayment Assistance Program offered by Loyola University Chicago. We request that you provide the following information to verify eligibility. Please deliver the completed verification form and any available job description *to the employee*; do not forward it to Loyola. Thank you for your assistance.

Employer's official name _____

Type of organization

Not-for-profit corporation with §501(c)(3) tax exempt status

Governmental entity

Employee's job title in October, 2024 _____

Is the employee expected to work full-time (ie 30 hours or more per week) Yes No

Employee's gross annualized compensation from employer (as of October, 2024)
\$ _____

It is verified that the employee named above is employed full-time in a law-related capacity for a not-for-profit corporation exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code, or a governmental entity.

Print Name _____

Signature _____ Date _____

Title _____

Address of organization _____

Phone _____ E-Mail _____