University of the Pacific McGEORGE SCHOOL OF LAW Loan Repayment Assistance Program

EMPLOYER CERTIFICATION FORM

PART A: TO BE COMPLETED BY THE APPLICANT

Print or type name

Last Name	First Name	MI	
I authorize my employer, to provide the information requested in Part B to the University of the Pacific, McGeorge School of Law.			
applicant Signature		Date	
Print or type name			
PART B: TO BE COMPLETED BY THE EMPLOYER The above-named "applicant", a graduate of McGeorge School of Law, has applied for a special Loan Repayment Assistance Program Grant from Pacific McGeorge School of Law. As part of the application process, Pacific McGeorge requires certification by the employer of the applicant's employment status.			
Please complete the following information and return this form to McGeorge School of Law Financial Aid Office at your earliest convenience. If a private non-profit, submit documentation of 501(c)(3) status. If you have any questions, please do not hesitate to call Pacific McGeorge's Financial Aid Office.			
1. Employer Name		2. Taxpayer ID#	
3. Employer Complete Address			
4. Date Employee Hired/Will Hire	5. Full Time [] Yes [] No		6. Salary (Annual Gross)
7. Brief Job Description:			
Authorized Signature		Date	

Please mail completed form to: Pacific McGeorge School of Law, Financial Aid Office, 3200 Fifth Avenue, Sacramento, California 95817

Print or Type Title