



**Boston University School of Law**

**LOAN REPAYMENT ASSISTANCE PROGRAM – VERIFICATION OF EMPLOYMENT**

**Part A: To be completed by the applicant.**

Name: \_\_\_\_\_ BU ID: \_\_\_\_\_

I hereby authorize my employer, \_\_\_\_\_, to provide the information requested below to Boston University School of Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part B: To be completed by the employer.**

Please complete this form and return it no later than **December 1** to: *Boston University School of Law, Financial Aid Office, Loan Repayment Assistance Program, 765 Commonwealth Avenue, Boston, MA 02215*

Current position: \_\_\_\_\_

Does the position require a J.D.? \_\_\_\_\_

Date employment started: \_\_\_\_\_ Gross monthly salary: \_\_\_\_\_

Please indicate any anticipated changes in position or salary: \_\_\_\_\_

Will the employee receive any compensation in addition to salary (i.e. housing allowance, loan repayment assistance)? Please list the amount and type of compensation:

\_\_\_\_\_

Please describe the main duties of the position held by the employee:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_