



HARVARD Kennedy School

JOHN F. KENNEDY SCHOOL OF GOVERNMENT

Office of Student Financial Services

EMPLOYMENT CERTIFICATION FORM

PERMISSION FOR RELEASE OF INFORMATION (to be completed by applicant)

Name:	_____	HUID#:	_____
Current Address: (address to which LRAP Payment should be sent not employer's address)			
Street _____			
City	_____	State	_____
Country	_____	Zip/Postal Code:	_____
I authorize my employer (name of organization) _____ to complete the information below regarding my employment for purposes of my participation in the Loan Repayment Assistance Program.			
Nature of Employer: (Please Circle One)		Non-profit	Government
Applicant Signature: _____		Date:	_____

EMPLOYMENT CERTIFICATION (to be completed by employer)

The above named individual has applied for Loan Repayment Assistance. Please complete this form and return it to our office. If you have questions, please feel free to contact us at lrp@hks.harvard.edu

Position Title: _____

Date employment began: _____ Date employment ends: _____
(if applicable)

Yearly Salary Gross: _____ Effective Date of Salary: _____

Please indicate any anticipated changes in salary (including bonuses) with effective dates: _____

Please list financial benefits (including bonuses, housing, food allowances, and loan repayment assistance please write "**none**" if no additional benefits): _____

Initial each section verifying each statement is true for the above employee

____ Employment is full-time paid employment and represents the full amount of the compensation received by the applicant.

____ This position pays a salary which is sufficient to meet the full amount of the LRAP applicant's living expenses.

____ This employer is a non-profit or governmental employer.

Authorized Signature	Printed Name and Title	Date
Name of Employer: _____	_____	_____
Employer Address: _____	_____	_____
Phone () _____	Email: _____	_____