Loan Repayment Assistance Program (LRAP)
Employment Certification Form

Please Note: Employment must be full time to qualify for LRAP

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

Applicant Name: _____
(**Please print**)

I authorize _____, as a representative for my employer,
(**Manager, Supervisor or HR personnel**)

_____, to complete the information below
(**Company name**)

regarding my employment for the purpose of my participation in the Tufts Loan Repayment Assistance Program.

Applicant Signature: _____ Date: _____

EMPLOYMENT CERTIFICATION (to be completed by employer)

The above named individual has applied for Tufts Loan Repayment Assistance. Please complete this form and return it to the applicant to submit with their application, or e-mail, fax or mail it to the LRAP office by the September 1, 2016 application deadline date. If you have questions, please feel free to contact the LRAP office.

Employer / Company Name: _____

City: _____ State: _____

Country: _____
(**Location where applicant works**)

Type of employer (check one): ☐ City/State/Government ☐ Non-Profit ☐ International Non-Profit

Tax exempt ID#: _____

Employee's name: _____ Employee's title: _____

Date employment began: _____ Date employment ends: _____

Gross annual Income: _____(US $) Employment full time ☐ Yes / ☐ No
(Please provide income in US dollars)

AUTHORIZED SIGNATURE (to be completed by employer)

I certify that all information provided by me on this form is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone: _____ E-mail Address: _____

This form must be submitted to the LRAP office by the applicant or employer to be received by September 1

LRAP, Tufts University, Dowling Hall – 770, 419 Boston Ave. Medford, MA 02155 ~ E-mail: lrap@ase.tufts.edu ~ Fax: 617-627-5246