



LOAN REPAYMENT ASSISTANCE PROGRAM
UNIVERSITY OF SAN DIEGO SCHOOL OF LAW
2025 EMPLOYER CERTIFICATION FORM

PART A: TO BE COMPLETED BY THE APPLICANT

INSTRUCTIONS: Please complete Part A and forward this form to your current and, if applicable, former employer(s).

NAME: _____ SSN: _____

I authorize my employer, _____, to provide the information requested in Part B to the USD School of Law.

Applicant's Signature

Date

PART B: TO BE COMPLETED BY THE EMPLOYER

The above-named individual has applied to the Loan Repayment Assistance Program at the University of San Diego School Of Law. Part of the application process requires certification by the employer of the applicant's employment status. Please complete the following information and return it to our office no later than Thursday, May 15, 2025. If you have any questions, please contact the USD Law School Financial Aid Office at 619-260-4570 or at lawaid@sandiego.edu.

Date of employment: _____ Full-time position? ☐ Yes ☐ No
Annual Gross Salary: _____

If an increase can reasonably be expected within the next 12 months, please specify:

An approximate amount \$: _____

Date of anticipated increase: _____

Is the employer a nonprofit organization that qualifies for tax exemption under section 501(c)3 or 501(c)4 of the Internal Revenue Code?* ☐ Yes ☐ No

*Please provide verification of this status.

Authorized Signature

Please Print Name and Title

Address

City

State

Zip

Telephone Number