



Loan Repayment Assistance Program (LRAP) Employment Verification for Loan Forgiveness

This form is to be submitted by email, fax, or mail.

Employee's Name _____ PID _____

I authorize my current/former employer at _____
to provide the information requested below to UNC School of Law for LRAP loan forgiveness.

Signature _____ Date _____

EMPLOYMENT INFORMATION

Employee's Title _____ Annual Salary \$ _____

Employment Start Date _____ End Date _____ Full-time Part-time (____ hours/week)

Did the above named employee have any break in employment between the start and end dates? Yes No

If Yes, please explain:

Name and Title of Supervisor/Person Completing Employment Verification

Signature _____ Date _____

Telephone _____ Email _____