

Maryland Higher Education Commission  
Office of Student Financial Assistance  
6 N. Liberty Street, Ground Suite  
Baltimore, MD 21201  
Phone: (410) 767-3300  
TTY for the Deaf - (800) 735-2258  
Email: [careerbased.mhec@maryland.gov](mailto:careerbased.mhec@maryland.gov)  
<http://www.mhec.maryland.gov/>

**Maryland Loan Assistance Repayment Program (MLARP)  
for Foster Care Recipients  
Employment Verification Form  
Award Year 2022-2023**

**Section A – Release of Information** (To be completed by the applicant)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I authorize my employer to provide the employment information the Office of Student Financial Assistance requested.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Section B – Employment** (To be completed by employer)

The above named employee has applied for the Maryland Loan Assistance Repayment Program for Foster Care Recipients with the Office of Student Financial Assistance. **Please complete the following section and return it to the employee.**

Job title of employee: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employment status:      Full-time      Part-time      Number of hours worked per week: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I certify that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number:(\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**This form must be returned by December 1, 2022 to MHEC by email at [careerbased.mhec@maryland.gov](mailto:careerbased.mhec@maryland.gov)**