



# Maryland Loan Assistance Repayment Programs Employer Verification Form

Maryland Higher Education Commission Office of  
Student Financial Assistance

217 E Redwood Street,  
Baltimore, MD 21202

(P) (410) 767-3300  
TTY for the Deaf - (800) 735-2258

## Section A - Release (To be completed by the applicant)

### Select Program Applying to:

☐ Janet L. Hoffman ☐ Maryland Dent -Care ☐ MLARP Foster ☐ MLARP Police Officer and Probation

MHEC ID Number: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

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

I authorize my employer to provide the requested employment information to the Office of Student Financial Assistance. I certify that the information given is true and complete to the best of my knowledge.

\_\_\_\_\_  
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 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: \_\_\_\_\_

If Teacher, Area of Certification: \_\_\_\_\_ Name of School: \_\_\_\_\_

Employment status: ☐ Full-time ☐ Part-time ☐ Contractual

Salary: Yearly gross: \$ \_\_\_\_\_ Hourly: \$ \_\_\_\_\_

Name of organization/Agency: \_\_\_\_\_ Employer federal **tax-exempt** number: \_\_\_\_\_

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

Mission or function of agency: \_\_\_\_\_

Brief summary of employee's responsibilities: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Telephone number:

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

**Note: If employer is a nonprofit organization, please enclose copy of the verification under Section 501 (c) (3) or (4) of the Internal Revenue Code of 1986.**