**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 <u>employee</u>.**

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.**