

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

Social Security Number: _____ 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 Janet L. Hoffman 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.