

**UNIVERSITY OF PENNSYLVANIA SCHOOL OF LAW PUBLIC  
INTEREST LOAN REPAYMENT ASSISTANCE PROGRAM**

Financial Aid Office  
3501 Sansom Street  
Philadelphia, PA 19104  
215-898-7400 (fax) 215-898-9606

**CLERKSHIP EMPLOYMENT  
VERIFICATION FORM**

*To be completed by the applicant:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

I authorize my employer to provide the information requested below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

*To be completed by employer:*

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nature or type of organization \_\_\_\_\_

Please provide the following information regarding the applicant's employment:

Position \_\_\_\_\_ Start date \_\_\_\_\_

Length of Position \_\_\_\_\_ End date \_\_\_\_\_

Status \_\_\_\_\_ Annual Salary \_\_\_\_\_

*(Current employee, no longer an employee, on leave, etc.)*

I certify that the information is true and accurate of this date.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_